



Environmental Health and Safety
 Building & Fire Code Office

UCF Tent and Temporary Structure Permit Application

5 Business Days Advance Notice Required for Review

Tent and Temporary Structure Vendor (Requestor):

Date of Event Starting:	Date of Event Ending:
Event Name:	
Event Location:	
Name of UCF Contact:	
Approximate size of largest structure: (l) (w) (h) in feet	
Number of structures, if more than one, and additional dimensions:	
Business Name:	
Business Address:	
Business Representative for this Event:	
Representative Telephone #:	Business Fax #:
Business Email:	
Certificate of Liability Insurance in the amount of:	

Checklist of attachments to be provided with this application:

These Columns for Office Use Only

Item	Applicant to Check All Provided	Attachments	EH&S BCO Verified	N/A
1.	<input type="checkbox"/>	Certificate of Liability Insurance, with appropriate additional insured listed	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	Flame Spread Certificate(s)	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	Site Plan, including dimensions to closest adjacent structures	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	Egress Plan	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	Seating, Stage, or Furnishing Plan (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	Service Equipment and Utilities Plan (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	Details on manufacturer's approved alternative methods of structural member connections where original equipment is not supplied	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	Ground support <input type="checkbox"/> Weighted <input type="checkbox"/> Alternative anchorage (Staking is not permitted.)	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that I have read this application and the Guidelines located at the link below and that all information contained herein is true and correct to the best of my knowledge. I agree to comply with all state statutes; county ordinances; and federal, state, and local regulations and guidelines. I certify that I am authorized by the organization named herein to act as its agent for the herein described activity. I and the organization on whose behalf I make this application, hereby represent, stipulate, contract, and agree that we jointly and severally indemnify and hold the University, County, and State harmless against all liability, including court costs and attorney fees, for any and all claims for damage to property, or injury to or death of persons arising out of or resulting from issuance of the permit or the conduct or the activity for which it was issued, and the actions or failure to act on the part of the applicant's representatives, employees, agents, servants, assignees, invites, or any persons connected to the applicant.

<http://www.ehs.ucf.edu/firesafety/tempstructures.html>

I understand that all approvals are conditional upon safe weather conditions the day of the event.

Requestor Signature:	Date:
Name:	Title:

UCF Environmental Health and Safety Building Code Office Section: (Office Use Only) Application Received Date: _____

Permit Application is: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Comments <input type="checkbox"/> Required to have a Pre-Event Inspection <input type="checkbox"/> Disapproved
EH&S Comments: <input type="checkbox"/> Fire Extinguishers Required <input type="checkbox"/> Exit Signs Required <input type="checkbox"/> Emergency Lighting Required <input type="checkbox"/> See Attached for More Requirements
Printed Name: _____ Signature: _____ Date: _____