

A SIGNED COPY OF THE CONTRACT MUST BE SUBMITTED WITH APPLICATION



Tax Parcel # _____

Date _____

TENT PERMIT APPLICATION

*Willistown Township
688 Sugartown Road
Malvern, PA 19355*

Phone 610.647.5300 Fax 610.647.8156

Property Address/Site Location:

Address _____ City _____ State _____ Zip _____

Property Owner(s) Signature(s) _____ / _____

***ALL names on deed must sign**

Please Print Name(s) _____

Email Address _____ Phone _____

Contractor Information:

Name of Company _____

Address _____ City _____ State _____ Zip _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his agent and we agree to conform to all applicable laws of this jurisdiction. All work is to be done in accordance with Willistown Township ordinances.

Contractor's Signature _____

Please Print Name _____ Phone _____

Event Date _____

Size of Tent _____

1. Is tent on a platform or elevated off the ground? If so, explain _____

2. Attach flame retardant certificates if applicable

3. Attach site plan of property showing location of tent

4. Electrical permit required if electric is involved

Please do NOT write below this line

Permit # _____ Date Issued _____ Amount Paid \$ _____

Code Administration Officer _____ Date _____

Approved _____ Reason for Disapproval _____