



Application to ERECT OR OPERATE A TENT, TEMPORARY MEMBRANE STRUCTURE, OR CANOPY

Bureau of Fire Prevention – City of Lincoln

555 S 10th St. Rm 203 • Lincoln, NE 68508-3995

Phone No. 402-441-7791 • Fax No. 402-441-6442 • 24-Hour Inspection Line 402-441-8213

TP# _____

Tents, canopies, and temporary membrane structures having an area in excess of 400 sq. ft. (37m²) shall be in accordance with Chapter 24 of the 2012 International Fire Code.

APPLICATION IS HEREBY MADE BY THE UNDERSIGNED FOR:

- TENT** – Permit Fee: \$110
- CANOPY** – Permit Fee: \$110
- TEMPORARY MEMBRANE STRUCTURE** – Permit Fee: \$110
- ASSEMBLY** – If a Tent, Canopy, or Temporary Membrane Structure is used for an Assembly of 50 or more persons, check the appropriate box below for the number of days requested. This is the fee that applies.
 Number of days: 1-30 Days – Fee: \$110 31-60 Days – Fee: \$160 61-90 Days – Fee: \$210

PERMIT FEES
Permit Fee Paid: \$ _____
Date: _____

APPLICANT INFORMATION:

Name _____ Phone # _____

Company/Business Name (if applicable) _____

Street Address _____

City _____ State _____ Zip _____

TENT, CANOPY, TEMPORARY MEMBRANE STRUCTURE, OR ASSEMBLY INFORMATION:

Location on Lot _____

Address if Different than Applicant Address _____

Describe Contents or Use _____

Size _____

Dates of Use _____

TENT SUPPLIER INFORMATION: Company furnishing the tent, canopy, or temporary membrane structure will provide a Fire Resistant Certificate.

Name of Tent Supplier _____ Phone # _____

Address _____

- Attach Fire Resistant Certificate to this application.
- Attach Site Plan that includes location of buildings in relation to property lines, parking lot, and number of parking stalls.
- Complete plans and construction detail must be filed on all major projects when requested.

Conditions, surroundings, and arrangements to be in accordance with all applicable Zoning and Fire Prevention regulations.

APPLICANT SIGNATURE _____ **Date** _____

Building & Safety Approval	
Building Services:	Bureau of Fire Prevention:
_____	_____
Reviewer Signature	Reviewer Signature
_____	_____
Date	Date