



# CITY OF TOLEDO

Division of Building Inspection



## TENT PERMIT APPLICATION

One Government Center, Suite 1600 • Toledo, OH 43604 • Phone (419) 245-1220 • Fax (419) 245-1329 • [www.toledo.oh.gov](http://www.toledo.oh.gov)

**TENT ADDRESS:** \_\_\_\_\_

Submit this application five (5) business days prior to the event with a Site Plan and floor layout by email to:  
[tfrdtent@toledo.oh.gov](mailto:tfrdtent@toledo.oh.gov)

### Sponsor / Owner's Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Sponsor/Owner Contact: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Contractor Information

Business Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Application Date \_\_\_\_\_ Date(s) and Times(s) of Event \_\_\_\_\_

Event Name \_\_\_\_\_ Location (parking lot, side lot, etc) \_\_\_\_\_

# of Open Tents \_\_\_\_\_ Tent Sizes \_\_\_\_\_

# of Enclosed Tents \_\_\_\_\_ Tent Sizes \_\_\_\_\_

Yes  No

Cooking in tents

Yes  No

Using Electricity

Yes  No

City Owned Property

Tent Set up Completion Date and Time \_\_\_\_\_ Date & Time Inspection is requested \_\_\_\_\_

Inspection Contact: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Office Use Only  
Permit #: \_\_\_\_\_

Log #: \_\_\_\_\_

*Note: Your tent must be completed and ready for use or re-inspection fees will apply.*

|  |           |
|--|-----------|
| Permit Fee (first tent \$75 + \$25 for each additional tent) Per TMC §1307.02(C) | \$        |
| Plan Review  | \$ 78.00  |
| State of Ohio Surcharge Commercial 3%  | \$        |
| Other Fees   | \$        |
| <b>Total Permit Fee</b>  | <b>\$</b> |

Warning: The approval of plans by any officer or employee of this department procured by misrepresentation of facts or conditions, does not legalize any illegal construction or agreement. In consideration of the granting of this permit, I (we), agree to save the City of Toledo harmless from any and all damages. I (we) do hereby covenant and agree to construct said work and make said installations in all respects in compliance with the provisions of the Statutes of the State of Ohio and the Ordinances of the City of Toledo, and that all statements made are correct and true. I (we) agree to comply with all orders of the Division of Building Inspection. The undersigned further agrees to dispose of all construction waste material in accordance with applicable City laws.  
CERTIFICATION: I hereby certify that I am the homeowner, or the authorized agent of the homeowner, having the right to make this application for certain home improvements or remodeling of the premises. Therefore, if I am issued this permit, I further certify all work will be performed by me and I have the equipment and the ability to do so in conformity with all applicable laws, regulations and required inspections of the City of Toledo. Falsification of any information on this homeowner application, including the hiring of a contractor, may subject me to criminal prosecution under Toledo Municipal Code 525.02 and revocation of this permit.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



# CITY OF TOLEDO

Department of Economic &  
Business Development

Division of Building Inspection

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## MasterCard/Visa Remittance Form

\_\_\_\_\_  MasterCard  Visa \_\_\_\_\_  
**Card Number** **3 Digit Code** **Expiration Date**

\_\_\_\_\_ **Name as it appears on card** \_\_\_\_\_ **Company Name.**

\_\_\_\_\_ **Printed Name of person signing this form** \_\_\_\_\_ **Mailing Address, City, State, Zip**

\_\_\_\_\_ **Signature of person signing this form** \_\_\_\_\_ **Phone No.** \_\_\_\_\_ **Fax No.**

\_\_\_\_\_ **Email Address** \_\_\_\_\_ **Job Address**

**NOTE:** One Stop Shop may raise or lower an authorized amount by \$10.00 to correct a miscalculated permit fee.  
Adjustment Explanation  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Fee Type** (electrical, tent, hauling, plumbing permit, license renewal, etc.)

\_\_\_\_\_ **Permit Fee Amount Authorized**

\_\_\_\_\_ **Add \$1.00 Postage and Handling fee if permit is to be returned by mail**

\_\_\_\_\_ **Adjustment**

\_\_\_\_\_ **Total Amount Authorized**

\_\_\_\_\_ **Permit Tech Initials** \_\_\_\_\_ **Date** \_\_\_\_\_ **Application Type / #** \_\_\_\_\_ **Cashier's Initials**