

UCF Tent and Temporary Structure Permit Application

5 Business Days Notice Required for Review

Tent and Temporary Structure Vendor (Requestor):

Date of Event Start:	Date of Event End:
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 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) NFPA 701	<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.

<https://ehs.ucf.edu/tents-and-temporary-structures>

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 Fire Safety 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: _____

Tent and Temporary Structure Site Inspection Checklist

OK	NO*	N/A	
			LOCATION AND ASSEMBLY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground surface is stable, level, and hazard free.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Located minimum 50' from building exits.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Located minimum 20' from buildings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Located to not block area fire safety equipment, fire lane, or maintenance access to any area or features.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Located with adequate clearance to other temporary structures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Located a minimum of 10' from adjacent temporary structures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structure is adequate supported and anchored. Staking only permitted where preapproved.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structure assembly is sound and utilizes standard manufactures connection methods.
			FIRE SAFETY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Retardancy verified by label, certificate, or applied treatments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No smoking permitted and posted as needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grounds are clear of dry vegetation and combustible decorations are not excessive.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No open flames permitted.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguisher provided where required.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupancy limit posted if >50 occupants.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No cooking in the structure open for guest use.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooking with grease laden vapors or flame not permitted in any temporary structure.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat or fuel fired appliances minimum 10' from structure. Provide barrier to hot surfaces.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper utility connections provided.
			EGRESS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exits properly located.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exits signs\placards provided where required.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency lighting provided where required.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate normal use lighting provided.
			MISCELLANEOUS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Public announcement system provided where required.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damages to grounds not incurred with delivery or removal.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sketch the site plan and structure(s) here. Include the closest adjacent buildings, sidewalks, driveways, etc. with dimensions in feet. The structure details must indicate dimensions, exit openings, stake lines and site fencing if provided. Attach additional sheets as needed.

Check if attachments ____.

Comments:

Approved for Occupancy ____ Approved with Comment ____ Re-inspection Required ____

Disapproved ____

Tent Inspected by: _____ Date: _____

*EXPLAIN ALL "NO" IN COMMENT SECTION