TENT PERMIT APPLICATION

Jackson Township Fire Department - Fire Prevention Bureau
P. O. Box 517    3650 Hoover Road    Grove City, OH 43123
Phone: (614) 875-5588    Fax: (614) 875-2691    Email: fire.admin@jacksontwp.org

Event Address: ________________________________________________________________

Event Name: ________________________________________________________________

Coordinator Name: _____________________________________________ Coordinator Cell #: _______________

Organization Name: __________________________________________________________

Organization Address: ________________________________________________________

Street Address                                                                 City                                       State                                    Zip

Phone #: ___________________ Fax #: ___________________ Email: ___________________

Type or print all information.

Tent Size: ______________________________________ Tent Use: ________________________

Tent Erection Date/Time: ______________________________________________________

Tent Tear-down Date/Time: ____________________________________________________

Company/Person Erecting Tent: __________________________________________________

NOTE: Certificate of Flame Resistance must be on site.

0-400 square ft - NO FEE  
400 square foot or larger - $100.00  
Non-profit groups - NO FEE

Check or Money Order payable to "Fiscal Officer-Jackson Township"

Do you have proper size Fire Extinguisher?: [ ] YES [ ] NO (One 40 BC Minimum at cooking site)

# of LPG Grills: __________ # & size of LPG Bottles in booth: ______________________

# of Charcoal Grills: __________

# of Deep Fryers: __________

# of Other Grills __________

Exposed flame: gasoline, gas, charcoal, or other cooking device, or any other unapproved open flame shall not be allowed inside or within 20 feet of the tent or air supported structure, unless prior approval has been obtained from the Fire Marshal.

Signature of Responsible Party/Coordinator: ______________________________________

Printed Name: ________________________________ Title: ____________________________

Date Received: ___________________________ Date Plans Received (if different): __________

[ ] PAID: Check #: __________________ Date Paid: ________________________________

Plans Reviewed by: ________________________________

Date Approved: ___________________________ Permit # Issued: ________________________

Comments: ________________________________

JTFD: Revised 01/10/2017