



**CITY OF FORT PIERCE, FLORIDA
BUILDING DEPARTMENT
APPLICATION FOR TENT PERMIT**
(772) 467-3718 FAX (772) 467-3849
Building@cityoffortpierce.com

PERMIT # _____
FBC (2017) 6th Edition
PIN # _____

Building Department Project Manager:

*Property Address _____ *Date _____
Parcel ID# _____
(Located on your tax bill)
*Owner Name _____ *Owner Address _____
Phone # (____) _____ - _____ Fax # (____) _____ - _____ Cell # (____) _____ - _____
Email Address _____

***PERMIT CHECKLIST FOR TENTS LONGER THAN 30 FEET IN LENGTH OR WIDTH:**

- *Description of work: _____

- *Duration of time that the tent will be erected: _____
- Sketch of proposed location
 - Approved permit from St. Lucie County Fire District
 - Flame retardant certificate from tent manufacturer
 - Approval from Planning & Zoning
 - Approved temporary use permit per Section 125-320, City of Fort Pierce Code of Ordinances
 - If tent will be used for sales, proof of a Business Tax Receipt or Vendor Permit
 - Insurance certificate showing that a minimum of fifty thousand (\$50,000.00) for one of more accidents and thirty thousand dollars (\$30,000.00) aggregate for bodily injury and ten thousand dollars (\$10,000.00) property damage will be in effect for the dates the tent will be erected.

***CONTRACTOR/APPLICANT INFORMATION:**

City License # _____ State License # _____
Company Name _____ Qualifier _____
Address _____ City/State _____ Zip _____
Phone # (____) _____ - _____ Fax # (____) _____ - _____ Cell # (____) _____ - _____
Email Address _____

I understand that no tent may be erected or occupied until after final inspection by the Building Department has been approved and full compliance with the building code, city ordinances, state statutes and other applicable rules and regulations have been satisfied.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for electrical work, plumbing, signs, or any other work not specified in this permit application.

Owner's Affidavit: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER:

YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Must be signed by owner/Agent and applicant:

(Signature of contractor)
State of Florida, County of _____
Affirmed to and subscribed before me this _____
_____, 20____, by _____
personally known to me or who has produced
as identification. _____
Notary Signature: _____

(Signature of Owner or Agent (including contractor))
State of Florida, County of _____
Affirmed to and subscribed before me this _____
20____, by _____
personally known to me or who has produced
as identification. _____
Notary Signature: _____

Notary (print name) _____

Notary (print name) _____

“Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public record of this county, and there may be additional permits required from other governmental entities such as waste management district, state agencies, or federal agencies. SIGNATURE OF THE APPLICANT MUST BE NOTARIZED. If owner builder, applicant must sign in person. BUILDING PERMIT includes: Building, Electrical, Plumbing, Mechanical, and Sewer only. All other trades require separate applications.”

FEE SIMPLE TITLEHOLDER, BONDING COMPANY AND MORTGAGE LENDER INFORMATION IS REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS AND NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT) IS \$2500 OR MORE (EXCEPT HVAC REPAIR/REPLACEMENT < \$7500). PLEASE ADDRESS ALL ITEMS.

Fee Simple Titleholder’s Same as Owner
Name (if other than owner): _____
Address: _____
City: _____ State: _____ Zip: _____

Bonding Company Not Applicable
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Mortgage Lender’s Not Applicable
Name: _____
Address: _____
City: _____ State: _____ Zip: _____

OFFICE USE ONLY

Is the property located in a Special Flood Hazard Area (floodplain) per the current Flood Insurance Rate Map (FIRM)

Yes No

Flood Zone: _____ Reviewed by: _____ Determination: _____

Permit Fee \$ _____ Other _____ \$ _____ Plan Review Fee \$ _____
State Surcharge \$ _____ Other _____ \$ _____ Routing Fee \$ _____
Subcontractor \$ _____ Flood Review Fee \$ _____ Other _____ \$ _____

Total Amount Due at Issuance \$ _____

Remarks _____

Active Code Violation Yes No
Case # _____
Case Type _____

Reviewed by _____ Date _____ Final Check _____ Date _____