

**Hertford County**  
**Office of Emergency Management/Fire Marshal**  
**P.O. Box 466**  
**Winton, NC 27986**



**TEMPORARY STRUCTURES**  
**SPECIAL OPERATIONAL USE APPLICATION**

Permit Information

- Application with a site plan is due at least 14 days prior to first move-in day of event. Please designate the location of your tent by highlighting it on the drawing.
- Failure to secure permit is a \$100.00 fine.
- This application and permit is required before inspection is conducted.
- A City license may be required in addition. Call the town in which the structure will be for more information.

Business Name: _____	Date: _____		
Mailing Address: _____	City: _____	State: _____	Zip: _____
Name & Title of Person Submitting Application: _____			
Telephone No: _____	Fax No: _____	Email: _____	
Address of Event: _____	Owner's Written Permission: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Property Owner: _____			

Event Name: _____	Date(s) of Event: _____
Preferred Date & Time of Inspection: _____	
Description of event and/or purpose for issuance of Permit: _____	
_____	

Temporary Power:  Yes  No    If yes, source:  Generator  Existing on-site receptacles

Other \_\_\_\_\_

Cooking:  Yes  No    Is use for assembly purposes?  Yes  No

**(Copy of Flame Resistance Certificate for each tent or canopy must be provided with application submission)**

**Please indicate the type of Permit applying for (include total number for each one):**

**Tent** - (structure, enclosure, shelter, with or without sidewalls with fabric or pliable material supported by a frame other than air)

**Membrane Structure** - (air supported or air inflated frame covered structure)

Also will be used for:

**Roadside Stand**

**Structure or Stand for Fireworks Sales (7 Days)**

**Structure or Stand for Fireworks Sales (21 Days)**

**Other** \_\_\_\_\_

**Based on the definitions for a tent or membrane structures, the following information must be completed. This information is necessary in order to determine certain fire code regulations that apply or permit needs.**

**Membrane Structure:**

1. Is any individual membrane structure in excess of 400 sq. ft.?  Yes  No

**Tent:**

2. Is tent open or does it have sides?  Open  Sides

3. Will it have any physical obstructions on any sides?  Yes  No

3. Is the tent with sides and over 800 sq. ft.?  Yes  No

3. Is the tent open and over 1800 sq. ft.?

4. Is there any individual or groups of tents exceeding 1800 sq. ft. **without** 12 ft.  Yes  No

of clear space between all other permanent and temporary structures?

I certify that all information contained herein, and all information and documents attached hereto, are accurate, true, and complete. I hereby understand that any answers deliberately falsified or misrepresented shall be justification for revocation of the Permit.

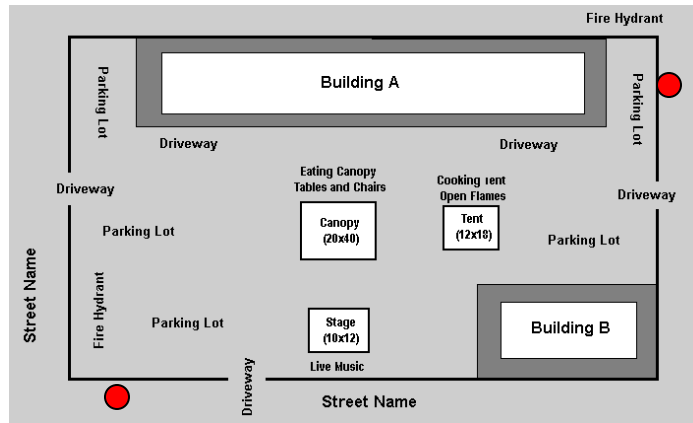
Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

**SITE PLAN INFORMATION:** The following information must be provided on the site plan or the application will not be accepted for review. The site plan does not have to be to scale. However, it must include critical dimensions and provide a moderate degree of proportion. At a minimum, it shall include the following:

1. Location of the event/activity on the property with approximate distances from roads, fire hydrants, existing buildings, etc.
2. Location of temporary structures that will be used during the event. Must indicate size of temporary structures, distances between temporary structures and existing buildings.
3. Identify how each temporary structure will be used. Example: type of vendor, food preparation, alcohol sales, etc.
4. Identify location of all cooking devices and open flames.
5. Location of all fencing, barricades, or other restrictions that will impair access to and from the event or property.
6. Indicate location of any generators and fuel storage.



**OFFICE USE ONLY**

Event Name \_\_\_\_\_ Event Date(s) \_\_\_\_\_

Type of Permit Applied For \_\_\_\_\_

**DEPARTMENT USE ONLY:**

Special Operational Use Permit Required:  Yes  No      Date Received: \_\_\_\_\_

Invoice # \_\_\_\_\_ Permit # \_\_\_\_\_ Permit Fee: \_\_\_\_\_

Fire Official Approval \_\_\_\_\_ Date \_\_\_\_\_

Conditions of Approval \_\_\_\_\_

\_\_\_\_\_