TOWN OF STRATHAM

TOTAL TOTAL

10 Bunker Hill Avenue, Stratham NH 03885 Building Department (603) 772-7391 x180 www.strathamnh.gov

TENT PERMIT APPLICATION

** For Commercial Tents over 400 SF**

TENT PERMIT #		MAP#	Lot#	ZONE	
Street Address/Location of Event				Date of Event	
Property Owner Inf	formation (please p	orint)			
First Name	Last Name	Phone # Emai		address	
Mailing Address City/Town			State & Zip		
Applicant Informati	ion: (please print)	Busin	ness Name:		
Applicant Name			Phone #	Email address	
Mailing Address C			vn	State & Zip	
	** See Attached State	e of NH Dept. of Safety Inspe	ection Checklist For Required I	nformation **	
Tent Size(s) L x W	Does the tent have exterior walls?	Attach copy of flame resistance of tent fabric for each tent	Attach Floor Plan showing seating and/or table setup & floor plan.	Attach site plan showing location of tent(s) relative to buildings, cooking areas, & public ways	
** REQU	JEST FOR FIRE I	NSPECTION FORM &	& INSPECTION FEE RE	EQUIRED **	
Applicant Signature			Date		
Approved:					
Signature of Building Inspector			Date		
Conditions of this tent p	permit:				