

Tent Permit Application City of Southaven Building Department

8710 Northwest Drive Southaven, MS 38671 TEL: (662)-393-4639 FAX: (662)-280-6534

For Office Use Only:				
	Check #			
	Credit AC			
	Cash [Y/N]			

buildingdepartment@southaven.org

GENERAL/CONTACT	INFORMATION:				
APPLICANT NAME DATE					
APPLICANT ADDRESS	S				
CONTACT PHONE # _	CON	TACT EMAIL			
OWNER/OCCUPANT [IF DIFFERENT FROM APP	LICANT]			
CONTRACTOR NAME	[IF DIFFERENT FROM AP	PLICANT]			
	PURPOSE OF TENT IS FO APPROVED BY THE FIRE			WILL BE REQUIRED TO	
PROJECT INFORMAT	ΓΙΟΝ:				
PROJECT ADDRESS _					
SUDVISION [IF APPLI	CABLE]		LOT # [IF APPLICABI	LE]	
BEGINNING DATE OF	EVENT	ENDING DA	ATE OF EVENT		
<u>CITY OF SOU</u>	THAVEN EVENT TENT CO	OLOR: PLEASE SELECT	ALL THAT ALL THAT	APPLY BELOW:	
□ WHITE	□ BLACK	\Box GRAY	□ BLUE	□ TAN	
	T SHOWN ABOVE OR AN ENT DEPARTMENT [SPEC				
All permit applicants are r	mits are valid for one [1] wee esponsible for contacting the Cit ss and regulations [662-393-011	ty of Southaven Planning & I		hone for further information	
	APPLICATION FEE: M	ARK ALL THAT ARE	APPLICABLE BELOW:		
□ UP TO 1,600 S	Q. FT.: \$45.00 [TEN	$T SQ.FT.$] $\Box UP$	TO 4,000 SQ. FT.: \$65.00	[TENT SQ.FT.]	
**allowe	□ GREATER THAN ed in C-3 and C-4 districts with	4,000 SQ. FT.: \$95.00 [_n permission from Departm		ent ONLY.	
	APPLICATION FEI	E TOTAL: \$			
DATE	APPLICANT NAME				
APPLICANT NAME [SI	[GNATURE]				