

ARLINGTON COUNTY FIRE DEPARTMENT

Fire Prevention Office
1020 N. Hudson St., Arlington, VA

TEL 703.228.4644 Email Fire-Firecodeinquiry@arlingtonva.us FAX 703.228.7097

www.arlingtonva.us



TEMPORARY TENT and Membrane Structure

Application for Fire Prevention Code Approval/Permit

APPLICANT/RESPONSIBLE PARTY

Name: _____

Address: _____

Cell Phone: _____ Daytime Phone: _____

Email: _____

Date of Event: _____ Time of Event: _____

Address of Event: _____

Name of Event Facility: _____

Event Facility Owner / Representative / Contact Name: _____

Event Facility Phone: _____ Alternate Phone: _____

EVENT COORDINATOR

Name: _____

Phone Number: _____ Cell Phone: _____

TENT INSTALLER

Name: _____

Contact Person: _____

Phone Number: _____ Cell Phone: _____

Date/Time tent will be installed: _____

By my signature below, I attest the above information is accurate and correct. I acknowledge and agree to comply with all applicable requirements of the Virginia Statewide Fire Prevention Code and applicable referenced standards even those codes and standards not specifically expressed on this application.

I also acknowledge that if an approval/permit is issued based upon this application, it shall be valid only at the location listed on the application and for the specific date(s) and time(s) for which it is issued.

If approved for permit issuance, I acknowledge that a copy of this application and all its attachments will be available on-site during the dates and times noted.

I further acknowledge and understand that any violations identified after permit issuance may result in immediate permit suspension or revocation.

Signature of Applicant

Printed Name of Applicant

Date

