



SEBASTOPOL FIRE DEPARTMENT  
 7425 BODEGA AVENUE  
 SEBASTOPOL CA 95472  
 707-823-8061

**Applicant Information**

*This is the company name applying for the permit.*

Company:		
Address:	City/State:	Zip:
Contact:	Ph:	Cell:

**Tent Location**

*This is the actual location of the tent installation.*

Business Name:		
Address:		
Install Date:	Use Date(s):	Number of tents:

**Tent Detail and Use Information**

*Note applicable sections only. If more than one tent, enter each tent individually below.*

Tent Size:	Canopy:	Enclosed:
Tent 2:	Canopy:	Enclosed:
Tent 3:	Canopy:	Enclosed:
Tent 4:	Canopy:	Enclosed:
<b>Tent Use</b> Assembly:	Retail Sales:	Other: <b>Set Up</b> Standing:
Table/Chairs: Theater Seating:		

**Additional Information**

The installation of tents and canopies shall be in compliance with Chapter 31 of the California State Fire Code. **For tents erected for more that six days, you must contact Sebastopol Planning Department for possible additional information and/or permit. 707-823-6167.**

Provide this completed application and a check payable to "City of Sebastopol" when application is submitted to the Fire Department. You may pay by check or credit card.

**Acknowledgment**

*I certify that the information herein and submitted with this application is true and accurate. I further acknowledge that the fire official has the authority to revoke this application or any subsequently issued permit for any falsely submitted information or unsafe or non-compliant conditions. Posted approval by the fire official shall remain in a conspicuous location on site.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SFD Office Use**

Fee \$ \_\_\_\_\_ CK # \_\_\_\_\_ CC \_\_\_\_\_ Valid: \_\_\_\_\_ to \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_