



Whitefield Fire Rescue

48 Littleton Road Whitefield, NH 03598
Phone: 603 837-2655 Fax: 603 837-8706

DATE OF APPLICATION: _____ PERMIT NUMBER ISSUED (OFFICE USE ONLY): _____

PROPERTY OWNER: _____ **MAP:** _____ **LOT #** _____

Name(s): _____

Property Address: _____

Mailing Address: _____

Email Address: _____

Phone Number Work: _____ Phone Number Cell: _____

Applicant Information **Business Name:** _____

Name(s): _____

Mailing Address: _____

Email Address: _____

Phone Number Work: _____ Phone Number Cell: _____

DESCRIPTION OF EVENT: _____

Date/Time

Setup Date: _____ Time: _____ Day of Week: _____

Event Starts Date: _____ Time: _____ Day of Week: _____

Event Ends Date: _____ Time: _____ Day of Week: _____

Dismantle Date: _____ Time: _____ Day of Week: _____

Tent Size(s) _____

Please provide the following information of the person or company responsible for installing the Tent or Canopy.

Company Name: _____ Name of Installer: _____

Mailing Address: _____

Office Phone Number: _____ Cellular Phone Number: _____

Is electrical power required? (Lighting, Sound Amplification, Food) Yes: _____ No: _____

If yes, please describe how power is to be provided.

____ Portable Generator

____ New Hampshire Electric Co-op from "Power Grid"

____ Other. Please describe _____

____ If New Hampshire Licensed Electrician was used.

Electrician

Name: _____ Phone Number: _____

Mailing Address: _____

Email: _____

License Number: _____

Tent Size(s) L X W	Does the tent have exterior walls?	Did you attach copy of flame resistance of tent fabric for each tent? Stamped engineered drawing of Tent(s) to be erected, including wind loading details and a staking diagram.	Did You Attach floor plan for tent(s) over 400 S.F. showing seating and/or table setup & floor plan	Did you Attach site plan showing location of tent(s) relative to buildings, cooking areas, and public ways.

Will alcohol be served free? ____ Yes Alcohol will be sold ____ Yes ____ No

Note there may be other requirement to server alcohol

Do you plan to have sound amplification? ____ Yes ____ NO

____ Music

____ Other, Please describe _____

If, yes please note the dates and times _____

Site Plan. Please draw Tent location in relation to road and buildings on site.

Applicant Signature: _____ **Date:** _____

Building Inspector Approval: _____ **Date:** _____

