

Application for Permit to Erect Tent



Building Development Services
315 King St. West
P.O. Box 640 Chatham, ON N7M5K8
Tel: (519) 360-1998 Fax: (519) 436-3215

For use by Principal Authority

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Date received	Roll number	Permit number	Fee \$
A. Project information			
Building number, street name		Unit Number	Lot/con.
Municipality	Postal code	Tent Size	
B. Applicant Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax number	Cell number	
C. Owner (if different from applicant)			
Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax number	Cell number	
D. Installer (if applicable)			
Last name	First name	Corporation or partnership (if applicable)	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax number	Cell number	

