THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF EASTON - INSPECTIONAL SERVICES DEPARTMENT
Phone: 508-230-0580 Fax: 508-230-0589

TENT PERMIT APPLICATION

Date of Application: _____

TO THE INSPECTOR OF BUILDINGS:

In accordance with the provisions of the Statutes relating thereto, application for a tent permit is hereby made by:

Applicant's Name: _____
Applicant is: Property Owner _____ Firm/Contractor _____

Name of Property Owner: _____
Address of Property Owner: _____
Property Owner's Phone Number: _____

Firm Name: _____
Firm Address: _____
Firm – Contact Person & Phone Number: _____

Date(s) of Event: _____ to _____

Brief Description of Event: _____
I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Applicant's Signature _____ Date: _____
Printed Name of Signature Above: _____ Phone # _____

Permit Number: _____ Fee: _____ $ 50.00 Residential/
$ 70.00 Business/Commercial Paid: Cash _____ Check _____

Date of Issue: _____ Date of Expiration: _____

Town of Easton – Inspector of Buildings: _____
D. Mark Trivett

Attachment(s) – Worker's Compensation/Liability Insurance Form
Certificate of Flame Resistance