



**Town of Stow  
Building Department**

380 Great Road  
Stow, Massachusetts 01775  
Phone: 978-897-2193  
Fax: 978-897-4534

Permit Number: \_\_\_\_\_

FEE: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

## TEMPORARY TENT PERMIT

**THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION**

THE ACCEPTANCE OF THIS APPLICATION SHALL NOT BE DEEMED AS AN APPROVAL TO PROCEED WITH THE CONSTRUCTION. PERMIT APPLICATIONS WILL NOT BE CONSIDERED FOR ISSUANCE UNLESS ALL REQUIRED DATA IS SUBMITTED WITH THIS APPLICATION. PLEASE TYPE OR PRINT IN BLACK INK.

**LOCATION:** \_\_\_\_\_  
NO. STREET NAME LOT NO.

**Dates:**

**Installed:** \_\_\_\_\_ **Removed:** \_\_\_\_\_ **Size of Tent:** \_\_\_\_\_

***Name of Owner of Property:***

Street Address:

City/Town

MA

ZIP

**Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

***Name of Contractor/Supplier:***

Street Address:

City/Town

MA

ZIP

**Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

***Application must include Flame Retardant Certificate and Certificate of Insurance***

**CERTIFICATION:** (READ BEFORE SIGNING) THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS EXAMINED THIS APPLICATION AND THAT THE PROPOSED WORK IS SUBJECT TO THE PROVISIONS OF THE MASSACHUSETTS STATE BUILDING CODE AND OTHER APPLICABLE LAWS AND ORDINANCES ACCURATELY REPRESENTED IN THE STATEMENTS MADE IN THIS APPLICATION AND THE WORK SHALL BE CARRIED OUT IN ACCORDANCE WITH THE FOREGOING STATEMENTS AND IN COMPLIANCE WITH THE PROVISIONS OF LAWS AND ORDINANCES IN EFFECT ON THE DATE OF THIS APPLICATION.

### SIGNATURES

**Owner:**

**Inspector of Buildings:**