



Date Received:
SR#

**TENT PERMIT PLAN REVIEW REQUEST
DALLAS FIRE-RESCUE DEPARTMENT
INSPECTION & LIFE SAFETY EDUCATION**

Tent Location Address:
Occupancy Name:
Submitter Name:
Business Address: Phone/Fax #:
Date of Event Held Within Tent(s) Permitted:
Description of Tent:
Purpose of Tent:

PLANS MUST BE SUBMITTED AT LEAST 15 DAYS PRIOR TO SCHEDULED OPENING OF EVENT

Signature: _____ **Date:** _____

Plan Review Fee: \$75.00. Payable to the City of Dallas

Permit Fee: \$125.00, Payable to the City of Dallas/Fire Permit

Amount Paid:	Check/Money Order #:	Rcvd By:	Date:
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