



TOWN OF HUDSON
BUILDING DEPARTMENT
TOWN HALL
HUDSON, MASSACHUSETTS 01749
978-568-9625

TENT PERMIT CHECKLIST

Date _____

Location _____

Please verify the following items are to be completed:

- _____ Attach completed Building Permit with Worker's Compensation Affidavit and Certificate
- _____ Submit a copy of a site plan showing the tent on the lot with means of egress, Fire Dept access (This can be hand drawn)
- _____ Attach a copy of the flame-resistant certificate for each tent, side wall or drops
- _____ Fire extinguisher (s)
- _____ No smoking signs
- _____ Call Dig Safe before you dig, excavate, drive posts or pipes

If there are side panels or the tent is being used after dark, check the following items will be installed:

- _____ Egress lights/emergency lights
- _____ Exit signs
- _____ Doors
- _____ Propane Heaters (attach approval/permit from the fire department)
- _____ Generators (s) (must have 20' separation from tent)
- _____ Occupancy: How many people will occupy the tent?
 - _____ Less than 50
 - _____ Over 50, need floor plan showing tables, seating and egress
 - _____ Over 249, need fire department approval

Signature of Applicant



TOWN OF HUDSON
BUILDING DEPARTMENT
TOWN HALL
HUDSON, MASSACHUSETTS 01749
978-568-9625
Fax – 978-562-8508

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:

Phone: _____
Cell: _____
Email: _____

Street Address:

City/Town MA ZIP

Name of Contractor/Supplier:

Phone: _____
Cell: _____
Email: _____

Street Address:

City/Town MA ZIP

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: