



STATE OF DELAWARE  
 OFFICE STATE FIRE MARSHAL  
 1537 CHESTNUT GROVE ROAD  
 DOVER, DELAWARE 19904-9610  
 PHONE NUMBER (302) 739-4447



**APPLICATION FOR TENT PERMIT**

Return **COMPLETED APPLICATION**, a **LOCATIONS DRAWING OR SKETCH**, and **CERTIFICATE OF FLAME RESISTANCE** with a check or money order in the amount of \$25.00 made payable to the *State of Delaware*.

DATE: \_\_\_\_\_

1. \_\_\_\_\_  
 NAME OF APPLICANT/ORGANIZATION

2. \_\_\_\_\_  
 ADDRESS

\_\_\_\_\_

3. \_\_\_\_\_  
 INDIVIDUAL FOR CONTACT

\_\_\_\_\_ PHONE #

4. \_\_\_\_\_  
 LOCATION OF TENT(S)

5. \_\_\_\_\_  
 MAXIMUM OCCUPANCY

6. \_\_\_\_\_  
 DATE OF EVENT

7. DID CERTIFICATES OF FLAME RESISTANCE ACCOMPANY THIS APPLICATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

APPLICATION IS HEREBY MADE FOR A TENT PERMIT, AND SHALL COMPLY WITH ALL PROVISIONS OF THE FIRE PREVENTION RULES AND REGULATIONS OF THE STATE OF DELAWARE, ADOPTED CODES AND ORDINANCES.

**Fire Marshal Use Only**

Date Rec'd: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Fee Rec'd: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Title

