



TENT
APPLICATION FOR PLAN EXAMINATION

Application Number _____

Date Approved _____ By _____

Tent used for _____

Tent Location _____ Zoning _____ County _____

Subdivision _____ Lot _____ Block _____ Section _____ Township _____ Range _____

Date of Use _____/_____/_____ to ____/____/_____	Total Days _____ (120 days max)
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Requirements
 See manual of fees for permit cost + OUBCC + \$2.00 data retention fee
 (1) 8 1/2" x 11" Site/plot plan showing location of tent
 Flame Retardant Certificate
 All contractors must be registered with the City of Broken Arrow

Contractor Name
 General _____ Phone # _____

Authorization
I hereby certify that the proposed work is authorized by the owner of record.
 Owner/Lessee _____ Phone # _____ Fax # _____
 Address _____ City, State, Zip _____
 Cell Phone # _____ Email _____
 Owner Signature _____ Date _____

I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws and jurisdiction.
 Applicant _____ Phone # _____ Fax # _____
 Address _____ City, State, Zip _____
 Cell Phone # _____ Email _____
 Applicant Signature _____ Date _____
 PLEASE CALL _____ WHEN PERMIT IS READY FOR PICK UP Phone# _____