



**Tent Permit Application**

CITY OF LOWELL  
216 NORTH LINCOLN STREET  
LOWELL, AR 72745  
(479)770-2185 / FAX (479)770-2106

FOR OFFICIAL USE ONLY  
Review Routing & Approval

<b>Division</b>	<b>Sig. = OK</b>	<b>Date</b>
<b>Reviewed By</b>		

**DATE APPLIED:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CONTRACTOR NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**LICENSE #:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**Reason for tent:** \_\_\_\_\_

<b>Number of tents:</b>	<b>How many days:</b>
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**\*You must provide us with a flame-retardant certificate for the tent prior to issuance of permit.**

**THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED.**

**I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.**

\_\_\_\_\_  
(Signature of Contractor or Authorized Agent)      (Please Print Applicant Name)      (Date)

**NOTE: TO SCHEDULE INSPECTIONS CALL 479-770-2185, Construction Services**