

**CITY OF LYNDHURST
BUREAU OF FIRE PREVENTION**

TENT PERMIT APPLICATION

Permit number _____ Date of Application _____

Name of Applicant _____

Home Address _____

City _____ State _____ Zip _____

Phone Number _____

Address and Location of Tent _____

Size of Tent(s) _____

Tent will be erected on _____ and removed on _____

Number of Fire Extinguishers needed _____

Copy of Flame Resistance Certificate attached _____

PERMIT IS NOT TRANSFERABLE

Permit can be revoked for misrepresentation or falsification of application

Signature of Applicant _____

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APPROVED _____

DATE _____