



Tax Collector: _____

PERMIT #: _____

FEE: _____

Town of Acushnet
BUILDING DEPARTMENT
130 Main Street, Acushnet MA 02743
Tel: (508) 998-0225 fax: (508) 998-0204

Tent Permits

APPLICANT _____

ADDRESS _____

PHONE NUMBER _____
Home _____ Cell _____

FOR _____
Map _____ Lot _____

SIZE OF STRUCTURE _____

APPLICANT SIGNATURE _____

FEE \$60.00 for each 30 day period not to exceed 180 days

INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION

- Certificate of Liability Insurance
- Worker's Compensation Insurance Affidavit
- Certificate of Flame Resistance

THE FOLLOWING REGULATIONS MUST MEET STATE REQUIREMENTS

- Tents are required to meet the minimum lateral wind and live loads of the most current edition of the State Building Code
- Must have a current tag showing conformance with fire propagation performance criteria of NFPA 701, with date of most recent treatment

DATE OF ISSUE _____ DATE OF EXPIRATION _____

APPROVED BY: _____ DATE: _____
BUILDING COMMISSIONER