



**TENT**  
**APPLICATION FOR PLAN EXAMINATION**

Application Number \_\_\_\_\_

Date Approved \_\_\_\_\_ By \_\_\_\_\_

Tent used for \_\_\_\_\_

Tent Location \_\_\_\_\_ Zoning \_\_\_\_\_ County \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

<b>Date of Use</b> _____/_____/_____ to ____/____/_____	<b>Total Days</b> _____ (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# \_\_\_\_\_