



Halifax Regional Fire and Emergency

Fire Prevention Division

Mail: PO Box 1749, Halifax, NS B3J 3A5

Courier: Fire Prevention, 636 Sackville Dr, Lower Sackville, NS B4C 2S4

Phone: 490-5546 Fax: 490-5228

FD-053

Permit # _____

Temporary Tents & Air Supported Structures Application

Please complete the following (PRINT) Note: Incomplete applications will not be processed

Applicant Information

Name and/or Organization:	
Mailing Address:	
Contact Phone Numbers:	
Phone#	Email

Event Information

Event Name:		
Event Location:		
Type of Structure:	Size:	Site/Tent Plans Attached: Y / N
Material of Tent is NFPA 701 and/or ULC S-109m Approved? Y / N (This is a minimum standard in HRM)		Documentation of Fire Rating Attached: Y / N
Event Time:	Start Date:	End Date:
Requested Inspection Date & Time:		
Insurance Company - Name:		Policy No.
Event Description:		

Applicant Statement: I have read and agree to the following statement:

1. I have provided a site plan and all pertinent documentation.
2. The information I have provided is complete and accurate.
3. Site Inspections will be carried out between the hours of 8:30 am and 2:00 pm Monday to Friday. If an inspection is required after these hours or on a weekend, I agree to compensate Halifax Regional Fire & Emergency as per the Local 268 Union contract.
4. Approval of APPLICATION does not imply compliance according to Provincial legislation and Municipal By-laws. It is the responsibility of the event coordinator to ensure compliance throughout the event.

Applicant Name: (PRINT) _____ Signature: _____ Date: _____

Office use only:	Approved / Not Approved	Other:
Comments: (See back of application)		
Reviewed by: (PRINT)	Signature:	Date: