



City of Orono
P.O. Box 66
2750 Kelley Parkway
Crystal Bay, MN 55323
(952) 249-4600

FOR CITY USE ONLY	
Date Received: _____	Permit Fee: _____
Permit Number: _____	

CITY OF ORONO - TENT PERMIT

(All tent permits must be approved by the Fire Chief)

Tent Information:

Date of Event: _____ Size of Tent(s): _____ Number of Tent(s): ____

Does the tent have sides? No Yes

*Please include **Fire Retardant Information** from the rental company for tent(s) AND a **Sketch or Drawing of where the tent will be located on the property** along with this application.*

Owner Information:

Site Address: _____

Owner: _____ Mailing Address: _____

City: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Contractor / Applicant Information:

Contractor/App.: _____ Contact Person: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Fax: _____ Email: _____

I hereby apply for a permit and acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances of the City of Orono and the Minnesota Fire Codes; and I understand this is only an application for a permit and work is not to start without a permit.

_____/_____
Applicants Signature/Date

Permit Approved By:

Date Approved: