



City of Bloomfield Hills

45 E. Long Lake Road
 Bloomfield Hills, Michigan 48304-2322
 Phone (248) 644-1520 Fax (248) 644-4813
 www.bloomfieldhillsmi.net

**TEMPORARY STRUCTURE
 PERMIT AND SITE PLAN
 REVIEW APPLICATION**

APPLICANT MUST ATTACH ONE COPY OF SITE PLAN AND COMPLETE ALL ITEMS IN SECTION I, II, III & IV
NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED FOR PLUMBING, MECHANICAL & ELECTRICAL WORK PERMITS

I. PROJECT INFORMATION

PROJECT/EVENT NAME	EVENT DATE(s): _____
ADDRESS	TENT UP: _____ TENT DOWN: _____

LOCATION OF TENT/TEMPORARY STRUCTURE: _____

II. IDENTIFICATION OF OWNER OR LESSEE

NAME		ADDRESS	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER ()
CELL NUMBER ()		E-MAIL ADDRESS	

III. PROPOSED TEMPORARY STRUCTURE

TENT (Provide Certificate of Flame Resistance for tent structure) TEMPORARY STRUCTURE

DESCRIBE IN DETAIL PROPOSED USE OF TENT OR TEMPORARY STRUCTURE:

Size: _____

Description: _____

NOTE REGARDING USE OF ELECTRICITY - If you are planning to use electricity in this tent/temporary structure, please adhere to the following requirements:

- An electrical permit is required if temporary service panels will be installed for electrical service to this tent. An electrical permit application must be completed by a licensed electrician.
- If power to the tent is being provided by cords plugged into a nearby building or by portable generator, no electrical permit is required.

IV. APPLICANT INFORMATION

APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THIS APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.

EVENT COORDINATOR/APPLICANT NAME		TELEPHONE NUMBER ()	
ADDRESS	CITY	STATE	ZIP CODE

SIGNATURE OF APPLICANT	DATE	APPLICATION FEE: Refer to Separate Application and Fee Schedules
-------------------------------	------	---

V. VALIDATION – FOR DEPARTMENT USE ONLY

APPROVAL SIGNATURE	
TITLE	DATE