



TOWN OF COHASSET

COMMONWEALTH OF MASSACHUSETTS

BUILDING DEPARTMENT
41 Highland Avenue
Cohasset, MA 02025
TELEPHONE (781) 383-4112
FAX (781) 383-1561

Date _____

Permit No. _____

Fee \$ _____

Building Commissioner
Zoning Officer
Robert Egan

APPLICATION FOR TENT PERMIT

TO THE BUILDING COMMISSIONER:

The undersigned hereby applies for a PERMIT TO ERECT A TENT(S) at the following location:

Owner's Name: _____

Street Address: _____

Owner's Phone: _____ Email: _____

Name of Installer: _____

Installer Phone: _____ Email: _____

Type of Tent: _____

Size of Tent: _____

DIG SAFE NUMBER (REQUIRED): _____

Location of Tent on property: _____

NOTE: Tents should be located so that an open space of at least ten (10) feet beyond tent stakes is provided.

Flame Resistant Treatment: _____

Date tent to be installed: _____

Date tent will be disassembled and removed: _____

Estimated cost: \$ _____

Signature of owner or authorized representative

Sent to Assessor: _____

Building Permit Sign-Off Sheet

The applicant is responsible for obtaining approvals from the following Boards/Commissions PRIOR to the issuance of a Building Permit. Upon application for an Occupancy Permit, releases from the same Boards/Commissions will be required.

Conservation Commission:

Stormwater Management Agent:

Fire Department:

Health Department:

Planning Board:

Sewer Department:

Water Department:

Cohasset Common Historic District (if applicable):

Permit Number: _____ Fee: _____

BUILDING PERMIT APPLICATION

(not to be filled in by applicant)

Address: _____

Owner's Name: _____

Conditions _____

Date Permit Granted: _____

Estimated Cost \$ _____