

City of Shelbyville
Division Of Code Enforcement

Mailing Address:
315 Washington Street
Shelbyville, KY. 40065

Phone: 502-633-8000 Fax: 502-633-4292

Tent & Temporary Structure Application

Tent Location:		Zone:
Applicant Name:		
Applicant Address:		Phone:
Purpose/Use of Tent:		Duration of Event:
Number of Tents:	Sizes of Tents:	

Minimum Commercial Permit Fee \$100.00 + Plan Review Fee \$100.00....Total \$ _____

DATE RECEIVED _____

CASH CHECK # _____

SIGNATURE OF CUSTOMER _____ DATE _____

*ACCEPTANCE OF THE REQUIRED FEE DOES NOT CONSTITUTE FINAL APPROVAL,
(Office use only below this line)*

- | Y | N | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Letter of Permission or Lease from Owner |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical Permit (If Required) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Setback from right-of-way (Triple S Planning & Zoning) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Approval (Fire Official: _____ Date : _____) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Site Plan & Triple S Planning and Zoning Approval |

Conditions:

This is a temporary certificate good from _____ thru _____.

Lot must be left in a clean and sanitary condition.

Must maintain a _____ ft. setback from the right-of-way as determined by Planning & Zoning.

Will have a _____ ft. X _____ ft. tent with/without electric.

O.K. to Issue Certificate of Occupancy

Approved By: _____ Date: _____