

# APPLICATION FOR TEMPORARY STRUCTURE PERMIT



## City of Warren Building Code Department

318 West Third Avenue - Warren, PA 16365

Phone (814)723-6300 - Fax (814) 723-3242

www.cityofwarrenpa.gov

### SITE OWNER INFORMATION

Site Address: \_\_\_\_\_ City, Borough or Township of: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### TEMPORARY STRUCTURE INFORMATION

Size of Structure: \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ Will it have electric?  Yes  No

Type of Structure:  Tent  Canopy  Inflatable  Other \_\_\_\_\_

Structure Will Have:  1  2  3  4 Closed Sides  Totally Open  Other (explain on back)

Date of Installation: \_\_\_\_\_ Date of Removal: \_\_\_\_\_

Installer Name / Company: \_\_\_\_\_

Installer Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose of Temporary Structure: \_\_\_\_\_

I hereby acknowledge that I have read this application, that the information given is correct and that I am the owner or authorized agent to act on the owner's behalf and as such, agree to comply with the applicable requirements of the PA Uniform Construction Code and the City of Warren.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY - THIS IS YOUR RECEIPT FOR PAYMENT

Approved?  Yes  No Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_ Payment Type:  Cash  Check Permit No: \_\_\_\_\_