



# EASTON BUILDING DEPARTMENT

## TENT PERMIT

ENTIRE APPLICATION MUST BE FILLED & SIGNED

PERMIT #

Owners Name:

Job Address:

Phone

E-mail:

*If you are the homeowner and you are taking out this permit, you will need to fill out 7b and have it notarized*

Contractor:

Contact Person:

Address:

City/Town:

State:

Zip:

Cell #:

E-mail:

License No.:

Expiration Date:

JOB COST: \$

☐ Worker's Comp Insurance: please attached a copy to permit (or) Notarized 7B

**JOB DESCRIPTION:** (this must be filled out)

*I, THE UNDERSIGNED, hereby affirm and attest that I am familiar with the requirements and provisions of the BUILDING CODE of the STATE of CONNECTICUT and the Ordinances of the TOWN of Easton as they apply to the work described above, and I agree to satisfy those requirements in every portion of that work, and to give the applicable local and state requirements precedence over other written specifications, drawings and instructions. I further agree to cooperate with and assist the Officials of the TOWN of Easton in their inspections of this work, and in the enforcement of applicable local and state codes and regulations.*

*I hereby certify that I am the Owner or Authorized Agent of the Owner of the Property herein described, and that I have the necessary legal right and authority to proceed with the work herein outlined, and that the information I have given is true and correct, and that the cost estimate is accurate to the best of my knowledge.*

*I authorize the Town of Easton to properly dispose of all residential construction plans two years after issuance of the Certificate of Occupancy unless written request is submitted to the Building Department within that time. This permit will expire unless work is commenced within 180 days.*

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### THIS SECTION TO BE FILLED OUT BY PLAN REVIEWER

Cost of Construction	\$ _____
Building Permit Fee	\$ _____
C.O. Fee	\$ _____
Admin Fee	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

Building Official Signature:

Date:



EASTON BUILDING DEPARTMENT  
225 CENTER ROAD  
EASTON, CT 06612

## TENT BALLAST WORKSHEET

The required ballast requirement for a tent is ten pounds per square foot of roof area.

Driven anchors are rated at 1500 pounds per anchor.

Static Weight anchors (cement blocks) are rated at the gross weight of the anchor. **Water-filled weight anchors are no longer permitted in Connecticut.**

### SAMPLE CALCULATIONS

Tent Length x Tent Width = Gross Roof Area

Gross Roof Area / 10 pounds p.s.f. = Total Required Ballast Weight

Number of Driven Anchors x 1500 pounds = Driven Anchor Weight Ballast OR Number of weight anchors x gross weight per anchor = Static Weight Ballast

*For Example: 40' x 60' Tent = 2,400 square feet of roof area*

*2,400 sq. feet x 10 pounds p.s.f. = 24,000 pounds of ballast required*

*24,000 pounds / 1,500 pounds per driven anchor = 16 driven anchors required*

*(or) if using 500 pound cement blocks: 48 blocks are required*

### REQUIRED BALLAST FOR THIS TENT APPLICATION:

Tent Number or ID	Tent Size	Tent Area	x10 = Ballast Required	Anchors Provided @ 1500 pounds each

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name



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EASTON, CT 06612

## TENT EMERGENCY EVACUATION PLAN

Required for tents that do not meet 2022 State Building Code requirements of Section 1609.3, "Ultimate Design Wind Speed" determined by Appendix N.

EVENT DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

LIST ALL PERMITTED TENTS AT THIS LOCATION;

SIZE	ROOF AREA (LxW)	TYPE / MAKER	DESIGN WIND RATING	TOTAL BALLAST WEIGHT

The tents listed above shall be immediately evacuated when lightning is in the area and when the continuous wind speed exceeds the designed wind load for the tent. **If no load is provided, the evacuation speed shall be 20 mph continuous or wind gusts over 30 mph.**

*A WIND SENSOR SHALL BE ATTACHED TO THE TENT AND MONITORED THROUGHOUT THE EVENT. A MEGAPHONE SHALL BE AVAILABLE TO THE ON-SITE MONITOR THROUGHOUT THE EVENT. BOTH DEVICES SHALL BE TESTED PRIOR TO THE START OF THE EVENT.*

DESIGNATED EVACUATION LOCATION: \_\_\_\_\_

In the event of an evacuation, the megaphone shall be used to gain the attention of the guests and to direct them to the evacuation location in a safe and orderly manner.

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ is the designated on-site tent monitor and is responsible for monitoring lightning, wind speeds and evacuations if necessary:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date