



# 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: \_\_\_\_\_

Name of Installer: \_\_\_\_\_

Type of Tent: \_\_\_\_\_

Size of Tent: \_\_\_\_\_

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

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

Phone No.: \_\_\_\_\_