



## Temporary Structure Permit Application MUST BE SUBMITTED 30 DAYS PRIOR TO EVENT

111 N Front Street, Columbus, Ohio 43215 • Phone: 614-645-6090 • bzs.columbus.gov

ALL FEES ARE NON-REFUNDABLE
Make checks payable to the Columbus City Treasurer

For submittal requirements	refer to Con	struction Indu	stry Communicati	on (CIC) #29.			
Event Information:	Commerc	ial/Private/Ga	ed/Ticketed	Festival (free an	d open to the	e public)	
Event Address	Tax District/Parcel Number Even				rent Name	nt Name	
Provide description of e	vent locatio	on, including	geographical bo	oundaries, street	names, an	d park or busi	iness name
s any part of the event fence	ed or is the ex	xit from the eve	ent restricted in an	y way? YES	NO		
Event Set Up Date	Event T	Event Tear Down Date Est. Total Event Attendance Est.			t. Peak Attenda	Peak Attendance	
<b>Event Times</b>	Monda	y Tuesda	y Wednesda	y Thursday	Friday	Saturday	Sunday
Date							
Opening Time							
Closing Time							
Dimension(s) (i.e. 20'x20')		Quantity	Method of A			Side Wall	NO NO
						YES	NO
						YES	NO
						YES	NO
						YES	NO
Stage or Platform Dimension(s)  Vehicular/mobile stages are not regulated by Building & Zoning.				Overhead If Overhead Covering? Method of Ar			
<b>Dimension(s)</b> Vehicular/mobile stages are not i	Н	eight from Grade	Quantity				0,
<b>Dimension(s)</b> Vehicular/mobile stages are not i	Н	_	Quantity		Method		0,
<b>Dimension(s)</b> Vehicular/mobile stages are not i	Н	_	Quantity	Covering?	Method		0,
<b>Dimension(s)</b> Vehicular/mobile stages are not it	Н	_	Quantity	Covering?  YES NO	Method		0,
<b>Dimension(s)</b> Vehicular/mobile stages are not i	Н	_	Quantity	YES NO YES NO	Method		0,





Application No.:	
-	For Staff Use Only

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Will any of the following be present	at the event? (All must be indicated on si	ite plan)		
Propane (LPG) or other flammable combu		YES	NO	
Open Flame: candles, solid fuel (sterno), b	YES	NO		
Cooking operations (includes food trucks/	YES	NO		
Generator(s)	,	YES	NO	
Tent heaters			NO	
<b>Electrical Information:</b>				
	nently mounted existing exterior GFCI tution panels. *An electrical permit i		nection is mad	le to a small portable
by vehicle or trailer mounted generat	d wired (new service and panel are bein or. <b>An electrical permit is required l permit application must be com</b>	d¹. Please provid	e electrical	contractor contact
Company/Contractor Name		Telephone	e Number/Ex	t.
Owner of Record of Festival Site:				
Individual Name	Company Name	Street Ado		City, State, Zip
muividual Name	Company Ivanie	Street Au	11 €55	City, State, Zip
Telephone Number/Ext.	Fax Number	E-Mail Ad	ldress	
Contractor:				
City of Columbus Registration No.	Company/Contractor Name			
Telephone Number/Ext.	E-Mail Address of Project Manage	r (for inspection no	otification em	ails)
		-		
Contractor:				
City of Columbus Registration No.	Company/Contractor Name			
Telephone Number/Ext.	E-Mail Address of Project Manager	(for inspection no	otification ema	ails)
Description/Scope of Work				





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Applicant:	Event Organizer	Owner Other:		
Name (Contact Person)		Company Name	Street Address	City, State, Zip
Telephone Nu	mber/Ext.	Fax Number	E-Mail Address	_
	ng minimum submittal Ibmittal requirements refer to	requirements must be included of CIC #29.)	led with your application:	
Site plan				
Event safe	etv plan			
		size of tent and each size of stage c	anopy	
	temporary structure floor	-	anop)	
		nstallation instructions for each size	ze of tent and stage	
Would you	like to submit paym	ent online <sup>2</sup> ? Yes <sup>3</sup> No	)	
Inspection In	formation:			
Before a permit ca	an be completed and close		ope of work detailed on the permit a e approved. It is the responsibility o f the event.	
<ul><li>Columbus.gov/e</li><li>614-645-8235 r</li><li>After hour inspector</li></ul>	equests received before 4:	midnight, for the the next business oo p.m. on a day of business will barged a premium, can be requested	s day be scheduled for the next business d d online or by phone, but must be re	
	Fire Protection Bureau Institute and ready for the Fire		east 2 hours prior to opening for ea	ch day of the event.
Requested date ar	nd time for the Building &	Zoning Services inspection:		
Primary On-S	ite Contact:			
Name		Telephone Number/Ext.	E-Mail Address	
Secondary On	a-Site Contact:			
Name		Telephone Number/Ext.	E-Mail Address	