



**Sioux Falls Fire Rescue  
Fire Prevention Division  
Temporary Membrane Structures  
and Tents Permit Application**

Permit No. \_\_\_\_\_ Application Date: \_\_\_\_\_  
 Receipt No. \_\_\_\_\_ Issue Date: \_\_\_\_\_  
 Fee: \$ \_\_\_\_\_ Approved By: \_\_\_\_\_

**SECTION I: Event Information**

**Site Location Address:**

Name of Sponsoring Business and Address:

Contact for Event (full name):

Daytime Phone # of POC: Work: Cell:

Email:

**Owner/Installer of Membrane Structure**

Business Address and Zip Code:

Point of Contact (full name):

Daytime Phone Number Work: Cell:

Email:

**Use Period**

Temporary membrane structures and tents shall be used for a period of not more than 60 days within a 12-month period on a single premise.

**Exception:** Use up to 180 days within a 12-month period shall be permitted in conjunction with fixed retail operations on the same premise.

**Inspection Date: Time: Hours of Event/Operation:**

**Event Period Start Date: End Date:**

**SECTION II: Structure Information**

Type	# of each	Dimensions	Total Sq Ft	Use
<input type="checkbox"/> Tent				<input type="checkbox"/> Retail
<input type="checkbox"/> Membrane				<input type="checkbox"/> Assembly
<input type="checkbox"/> Canopy				<input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> Air-Supported				
<input type="checkbox"/> Stage/Platform Canopy				

**What is your estimated occupant load?**

**Number standing only:**

**Minimum aisle width:**

**Number chairs only:**

**Minimum # and width of exits:**

**Number of table w/chairs:**

Indicate occupant load based on the following square feet per person: 5 square feet standing, 7 square feet seated, 15 square feet seated with tables.

Additional Information:

Temporary membrane structures shall not be assembled or occupied without a permit and an inspection acceptance by Sioux Falls Fire Prevention Division, 605-367-8093.

**SECTION III: Temporary Membrane Structure (TMS) List of Required Attached Documents**

YES	NO	
<input type="checkbox"/>		Certificate of Flame Resistance meeting the requirements on the checklist. Certification shall contain the following information: Names and address of the owners of the tent or air-supported structure, date the fabric was last treated with flame-retardant solution, trade name or kind of chemical used in treatment, name of person or firm treating the material, name of testing agency, and test standard by which the fabric was tested.
<input type="checkbox"/>		Dimensioned site plan showing TMS location to all buildings, lot lines, streets, fireworks display, etc.
<input type="checkbox"/>		Interior floor plan providing detailed dimensions showing seating, tables, aisles, exit locations, exit widths, equipment, displays, dance floors, bars, etc. Include the size of anything other than seated with table dimensions.
<input type="checkbox"/>	<input type="checkbox"/>	Required plans and documentation for stage/platform canopy have been provided.

I, the undersigned (installer and sponsor), have installed this tent/structure in accordance with the manufacturer’s specifications including assembling and anchoring. I do hereby affirm that the statements contained on this form are true and correct. I have read, understand, and further agree to comply with the provisions of applicable ordinances of the City of Sioux Falls and the approved plans and specifications submitted with this application ([www.siouxfalls.org/fire/tent-approval-process](http://www.siouxfalls.org/fire/tent-approval-process)). If the installer is not setting up the floor plan, he shall provide a copy of the above link to the sponsor so they know what is required by code. In addition, it is understood that the installation of systems shall be made only by persons properly trained and qualified to install the specific system being provided. The installer certifies to this authority that the installation is on complete agreement with the terms of the listing and manufacturer’s instructions and/or approved design plan.

Installer’s Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Fee Calculation Schedule			
Tent, Canopy, and Temporary Membrane Structures			
Description	No. of Each	Unit Fee \$46.00	Subtotal
Tents			
Membrane			
Canopies			
Air Support			
Stage/Platform Canopy			
Expedite fee – (50% of app. Fee)			
<b>Grand Total</b>			

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