



BOROUGH OF NEW HOPE

123 New Street, New Hope, PA 18938 ● Phone 215-862-3347 ● info@NewHopeBorough.org

Temporary Tent or Membrane Structure Permit Application

Property Address where structure will be located: _____

Location on the Property: _____

Installation Date: _____ Removal Date: _____
(If total time from construction to removal is greater than five (5) days, as separate zoning permit is required)

Property Owner:
Name: _____
Address: _____
Telephone Number: _____ Email: _____

Occupant of Structure: (Contact for occupant):
Name: _____
Address: _____
Telephone Number: _____ Email: _____

Temporary Structure Information *(Attach site plan, cut sheets for temporary structure, flammability certification and additional sheets if multiple structures)*

Dimensions: _____ ft. X _____ ft. Total Floor Area: _____ sq ft
Height: _____ ft.

Provided/Supplier of temporary structure:
Name: _____
Address: _____
Telephone Number: _____ Email: _____

Electrical hook-ups, lighting, or electrical equipment: _____ Yes *(Attach explanation)* _____ No
Cooking equipment: _____ Yes *(Attach explanation)* _____ No
Fire extinguisher(s); _____ Yes _____ No

Applicant: _____ Date: _____
(Signature)

Code Official: _____ Date of Approval: _____