



Cottleville Fire Protection District

TENT OR TEMPORARY MEMBRANE STRUCTURE PERMIT APPLICATION

Permit required for tents over 900 sq. feet, or any tent with cooking within
Permit Fee: \$50

Tent Location

Address: _____

City: _____ Zip Code: _____

Property Owner

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant

Name: _____ Phone #: _____

Email: _____

(A copy of the permit will be emailed to the email address provided)

By signing below, the applicant is affirming that he/she is the property owner, or an authorized agent for the property owner, and that the property owner has granted permission for the tent.

Signature: _____ Date: _____

Dimensions of Tent: _____

Tent Company: _____ Phone #: _____

***** Do Not Write Below – Office Use Only *****

Permit #: _____

Date Paid: _____ Method of Payment: _____

1385 Motherhead Road | St. Charles, MO 63304
Phone: 636-447-6655 | Fax: 636-441-1742 | www.cottlevillefpd.org