



CITY OF SOMERSET
Department of Housing, Buildings and Construction
 Building Inspection Division
 306 East Mount Vernon Street
 P.O. Box 989
 Somerset, KY 42501
 Phone: (606) 425-5314
 Fax: (606) 677-0688
 www.cityofsomerset.com

Temporary Structures Site Placement Application

NOTE: Indicate the Manufacturer's Model # _____ DOES THIS TENT HAVE KY TENT MODEL APPROVAL? _____

NAME OF PERSON SUBMITTING PLANS _____	PHONE () _____ - _____	IS THE SITE REVIEW FEE INCLUDED WITH PLANS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P.O. BOX CITY STATE ZIP CODE			
BUSINESS & PROJECT NAME: _____			
PROJECT LOCATION: _____ NO./STREET, HWY or ROAD (Please do not indicate P.O. Box or Postal Routes) CITY COUNTY			
OWNER OR CUSTOMER: _____ PHONE () _____ - _____			
MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P.O. BOX CITY STATE ZIP CODE			
MANUFACTURER NAME: _____ PHONE () _____ - _____			
MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P.O. BOX CITY STATE ZIP CODE			
DEALER NAME: _____ PHONE () _____ - _____			
MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P.O. BOX CITY STATE ZIP CODE			
***** BUILDING INFORMATION *****			
NUMBER OF TENTS IN THIS SUBMITTAL: _____ USE OF TENTS i.e....COOKING, SALES, DANCING, DINING or other (please specify) _____			
IF NOT A TENT WHAT TYPE OF TEMPORARY STRUCTURE IS BEING SITED: ___ PERFORMANCE STAGE ___ ELEVATED FLOOR SYSTEM ___ OTHER: _____			
TENT / STRUCTURE MEASUREMENTS: _____ WIDE BY _____ LONG TOTAL AREA IN NEW BUILDING OR ADDITION: _____ SQ FT			
WHAT DATES WILL THIS TENT/STRUCTURE BE PLACED ON SITE? _____			
SITE PLAN SUBMITTAL CHECKLIST THE SITE SUBMITTAL SHALL INCLUDE THE FOLLOWING:			
<input type="checkbox"/> Site Plan w/tent location/distances to adjacent buildings and property lines <input type="checkbox"/> Anchoring details base on reaction factors <input type="checkbox"/> Floor plan including emergency lighting and exit sign locations <input type="checkbox"/> Operational manuals per Model Approval <input type="checkbox"/> Dates of temporary use <input type="checkbox"/> Emergency shutdown procedures due to severe weather including the maximum wind speed before evacuation (not to exceed 75% of designed listed wind speed)			