



# TOWN OF COHASSET

COMMONWEALTH OF MASSACHUSETTS

BUILDING DEPARTMENT  
41 Highland Avenue  
Cohasset, MA 02025  
TELEPHONE (781) 383-4112  
FAX (781) 383-1561

Date \_\_\_\_\_

Permit No. \_\_\_\_\_

Fee \$ \_\_\_\_\_

Building Commissioner  
Zoning Officer  
**Robert Egan**

## APPLICATION FOR TENT PERMIT

TO THE BUILDING COMMISSIONER:

The undersigned hereby applies for a PERMIT TO ERECT A TENT(S) at the following location:

Owner's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Installer: \_\_\_\_\_

Installer Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Tent: \_\_\_\_\_

Size of Tent: \_\_\_\_\_

**DIG SAFE NUMBER (REQUIRED):** \_\_\_\_\_

Location of Tent on property: \_\_\_\_\_

***NOTE: Tents should be located so that an open space of at least ten (10) feet beyond tent stakes is provided.***

Flame Resistant Treatment: \_\_\_\_\_

Date tent to be installed: \_\_\_\_\_

Date tent will be disassembled and removed: \_\_\_\_\_

Estimated cost: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of owner or authorized representative

Sent to Assessor: \_\_\_\_\_

**Building Permit Sign-Off Sheet**

**The applicant is responsible for obtaining approvals from the following Boards/Commissions PRIOR to the issuance of a Building Permit. Upon application for an Occupancy Permit, releases from the same Boards/Commissions will be required.**

**Conservation Commission:**

\_\_\_\_\_

**Stormwater Management Agent:**

\_\_\_\_\_

**Fire Department:**

\_\_\_\_\_

**Health Department:**

\_\_\_\_\_

**Planning Board:**

\_\_\_\_\_

**Sewer Department:**

\_\_\_\_\_

**Water Department:**

\_\_\_\_\_

**Cohasset Common Historic District (if applicable):**

Permit Number: \_\_\_\_\_ Fee: \_\_\_\_\_

**BUILDING PERMIT APPLICATION**

(not to be filled in by applicant)

**Address:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Conditions**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date Permit Granted:**

**Estimated Cost \$** \_\_\_\_\_