



## CITY OF CRYSTAL RIVER

123 NW US HIGHWAY 19  
CRYSTAL RIVER, FL 34428  
352-795-4216 Ext. 306

### CHECKLIST FOR TENT PERMIT

- 1. Sketch of tent location
- 2. Size of tent or tents
- 3. Certificate of Fire Resistance
- 4. Letter of Authorization from Property Owner
- 5. Certificate of Liability Insurance
- 6. Driver's License or Picture ID
- 7. Sketch of seating (if applicable)
- 8. Business Tax License
- 9. Total Value
- 10. Zoning Fee - \$150/3 days      Building Inspection Fee - \$50 per tent

**CONTACT CITRUS COUNTY BLDG DEPT FOR FIRE INSPECTION**  
**IF YOU ARE USING ELECTRICAL POWER THEN YOU WILL NEED AN**  
**ELECTRICAL PERMIT!**

*NO BALLOONS*

*NO BILLBOARDS*

*BANNER PERMIT SEPARATE*

*NO TEMPORARY SIGNS ALONG ROADWAY*



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## City of Crystal River Building Department

**Email:** [ECopeland@crystalriverfl.org](mailto:ECopeland@crystalriverfl.org)

(Please Print)

Special event:

YES

NO

Name of Applicant: \_\_\_\_\_

Business Address:

\_\_\_\_\_  
(Address listed on Business License)

Property Address:

\_\_\_\_\_  
(Address of tent location)

Property Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Event Date or Dates: \_\_\_\_\_ Tent set up Date: \_\_\_\_\_

Description of proposed work: \_\_\_\_\_  
\_\_\_\_\_

How many tents will be used at this location: \_\_\_\_\_ Dimension(s): \_\_\_\_\_

OWNER/AGENT

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

STATE OF FLORIDA  
COUNTY OF CITRUS

*This foregoing instrument was acknowledged*

*Before me this \_\_\_\_\_ day of \_\_\_\_\_*  
*20\_\_\_\_\_.*

*By:* \_\_\_\_\_

*Notary:* \_\_\_\_\_