Print Form

CITY OF ST. MATTHEWS

3940 GRANDVIEW AVENUE ST. MATTHEWS, KY 40207
(502) 895-9444

APPLICATION FOR TENT PERMIT

Applicant **(PLEASE PRINT)** Date _____

Contractor ☐
Owner ☐ _____ Address _____

Owner _____ Address _____

Location of Tent _____
(street & number)

N ( ) S ( ) E ( ) W ( ) Side of _____ # of Feet _____

From the Intersection of _____

Description of Tent _____

Width _____ Height _____ Depth _____ Cubic Feet _____
(Average Width if Pie Shaped)

Size of Lot -- Width _____ Depth _____ Total Area _____ Sq. Ft. _____

***Distance Lines – From Property Line to tent**

Front _____ Side _____ Side _____ Rear _____

Use of Proposed Tent: **DATES OF TENT:** _____

(Describe) _____

Present Use of Buildings or Structures and/or Lot _____

A plan must be submitted with this application showing the size and location of the Lot, the dimensions and location of the proposed tent on the lot and the dimensions and location of the existing building or structures on the lot.

_____ _____
(Signature of Applicant) (Telephone Number)

APPROVAL _____ _____
(CODE ENFORCEMENT OFFICER) (DATE)

(11/04)