☐ Notified Main Street	
Date:	

CITY OF COLUMBIA CITY

STREET CLOSING PERMIT

Phone: 260-248-5100 Fax: 260-248-5105

☐ Approved	☐ Denied
Date:	

Description of Ev	ent		
Date(s) and Time	(s) of Event:		
	g To Be Closed:		
Streets are reques	ted to be closed at:		
	until:	AM/PM on	
Special Needs:	☐ Electricity		
	Courthouse	orary South Temporary	
	☐ Water		
	☐ Street Barricades		
	☐ Trash Containers **Applicant is responsible for clean up after event**		
	— Trash Containers Tipphear	it is responsible for clean up al	
**	Other		
	Other P OF EVENT AREA AND AN STREETS IS RI	Y STRUCTURES THAT W EQUIRED FOR APPROVA	ILL BE SET UP ON THE L.
Applicant Name:	Other P OF EVENT AREA AND AN STREETS IS RI	Y STRUCTURES THAT W EQUIRED FOR APPROVA Organization:	TILL BE SET UP ON THE L.
Applicant Name:	Other P OF EVENT AREA AND AN STREETS IS RI	Y STRUCTURES THAT W EQUIRED FOR APPROVA Organization:	TILL BE SET UP ON THE L.
Applicant Name: Address:	Other P OF EVENT AREA AND AN STREETS IS RI	Y STRUCTURES THAT W EQUIRED FOR APPROVA Organization:	TILL BE SET UP ON THE
Applicant Name: Address:	Other Other Email Addre	Y STRUCTURES THAT WEQUIRED FOR APPROVA Organization: SSS:	TILL BE SET UP ON THE
Applicant Name: Address: Phone: ()	Other Email Addre	Y STRUCTURES THAT WEQUIRED FOR APPROVA Organization: OSS: OFFICE USE ONLY	ILL BE SET UP ON THE
Applicant Name: Address: Phone: () Electric Department:	OtherP OF EVENT AREA AND AN STREETS IS RI Email Addre	Y STRUCTURES THAT WEQUIRED FOR APPROVA Organization: OFFICE USE ONLY Signature:	ILL BE SET UP ON THE
Applicant Name: Address: Phone: () Electric Department: Comments:	Other Email Addre	Y STRUCTURES THAT W EQUIRED FOR APPROVA Organization: PSS: OFFICE USE ONLY Signature:	TILL BE SET UP ON THE
Applicant Name: Address: Phone: () Electric Department: Comments: Water Department:	OtherP OF EVENT AREA AND ANY STREETS IS RI	Y STRUCTURES THAT W EQUIRED FOR APPROVA Organization: OFFICE USE ONLY Signature: Signature:	TILL BE SET UP ON THE
Applicant Name: Address: Phone: () Electric Department: Comments: Water Department: Comments:	Dother POF EVENT AREA AND ANY STREETS IS RISE Email Address FOR C No Concerns Concerns Concerns No Concerns Concerns	Y STRUCTURES THAT WEQUIRED FOR APPROVA Organization: OFFICE USE ONLY Signature: Signature:	TILL BE SET UP ON THE
Applicant Name: Address: Phone: () Electric Department:	Dother	Y STRUCTURES THAT WEQUIRED FOR APPROVA Organization: OFFICE USE ONLY Signature: Signature:	TILL BE SET UP ON THE .L.
Applicant Name: Address: Phone: () Electric Department:	Dother	Y STRUCTURES THAT WEQUIRED FOR APPROVA Organization: OFFICE USE ONLY Signature: Signature: Signature:	ILL BE SET UP ON THE L.
Applicant Name: Address: Phone: () Electric Department:	Dother	Y STRUCTURES THAT W EQUIRED FOR APPROVA Organization: DESS: DEFICE USE ONLY Signature: Signature: Signature:	TILL BE SET UP ON THE IL.
Applicant Name: Address: Phone: () Electric Department:	Dother	Y STRUCTURES THAT WEQUIRED FOR APPROVA Organization: Sess: OFFICE USE ONLY Signature: Signature: Signature: Signature:	TILL BE SET UP ON THE IL.

TENTS AND OTHER MEMBERANE STRUCTURES

ANCHORAGE DOCUMENTATION

Documentation that tents and other membrane structures are roped, braced and anchored to withstand the weather and prevent collapse is required for every tent or membrane structure erected.

Specifically:

Section 3103.9 Indiana Fire Code 2014 ed.

Anchorage required. Tents or membrane structures and their appurtenances shall be adequately roped, braced and anchored to withstand the elements of weather and prevent against collapsing. Documentation of structural stability shall be furnished to the fire code official on request.

If no documentation is available, the installer shall sign the following statement and leave it with a responsible person associated with the event who will present the information to the fire code official upon request. If there is more than one installer for these items, each installer shall provide the required documentation or execute the following statement.

The purpose of this form is to eliminate return trips by the installer to the location of the tent or membrane structure to provide the required documentation or to verify the installation methods.

I,	,installer for the tents and membrane	
structures at	, do affirm that the	
installation is adequate to meet the red	quirements of the Indiana Fire Code as stated	
above.		
Installer (Printed Name)	Event Coordinator (Printed Name)	
Installer (Signature)	Event Coordinator (Signature)	
Date	Date	

Rev 2 08-07-2015