

Marengo Building Department  
835 West Grant Highway  
Marengo, IL 60152

Phone: 815-568-2669  
Office hours Monday – Friday: 7:30 am - 3:30 pm  
24 hour fax: 815-568-0569

Temporary Tent Permit Application Requirement Checklist

Check (U or X) each item confirming that it is included / completed, or indicate why it is not included / completed.

- 1. 9 **COMPLETED PERMIT APPLICATION**
  - 9 Signed
  - 9 All information filled out including cost of construction
- 2. 9 **TWO CURRENT PLATS OF SURVEY- or an accurate site plan 1" = 20'**
  - 9 Sealed
  - 9 Dated
  - 9 Parcel Identification Number noted on survey
- 3. 9 **CONSTRUCTION DOCUMENTS**
  - 9 Environmental Barriers Act and Illinois Accessibility Code statement of compliance
  - 9 Information delineating the means of egress.
  - 9 Occupant load calculation(s)
  - 9 Anchorage detail
  - 9 Electrical notations for all fixtures and uses
  - 9 Certificate of Flame Resistance for tent
- 4. 9 **SITE PLAN**
  - 9 **Four sets**
    - 9 Scale and dimensions 9 Parcel lines
    - 9 Lot dimensions 9 Lot area calculation
  - 9 **Existing**
    - 9 Structures
    - 9 Improvements 9 Utilities
    - 9 Parking
  - 9 **Proposed**
    - 9 Location of temporary portable toilets and refuse containers
    - 9 Improvements 9 Signs
    - 9 Utilities 9 Structures
    - 9 Parking & loading 9 Buffers & landscaping
- 5. 9 **Event dates:** \_\_\_\_\_
- 6. 9 **Hours:** \_\_\_\_\_
- 7. 9 **Date tent to be erected:** \_\_\_\_\_
- 8. 9 **Date tent to be removed:** \_\_\_\_\_

# Temporary T E N T

# Permit Application

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

Date issued \_\_\_\_\_

Marengo Building Department  
835 West Grant Highway  
Marengo, IL 60152

Phone: 815-568-2669  
Office hours Monday – Friday: 7:30 am - 3:30 pm  
24 hour fax: 815-568-0569

Proposed temporary location \_\_\_\_\_

P.I.N. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Zoning \_\_\_\_\_

Property Owner name \_\_\_\_\_ daytime phone \_\_\_\_\_

Property Owner address \_\_\_\_\_

Property owner fax \_\_\_\_\_

Size of structure: \_\_\_\_\_ length \_\_\_\_\_ width \_\_\_\_\_ height

Total square feet \_\_\_\_\_ Lot coverage \_\_\_\_\_

Structure s use shall be: \_\_\_\_\_

COST of erection \$ \_\_\_\_\_

Number of portable toilets: \_\_\_\_\_

Number of refuse containers: \_\_\_\_\_

\_\_\_\_\_  
Applicant s signature

\_\_\_\_\_  
Daytime phone

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Fax

=====  
*For office use*

Approved \_\_\_\_\_

Plan reviewer

\_\_\_\_\_

Date

Rejected \_\_\_\_\_