

CITY OF DECATUR, ILLINOIS

APPLICATION FOR SPECIAL TEMPORARY STRUCTURE  
(TENTS, AIR SUPPORTED AND TEMPORARY STRUCTURES)

Project Address \_\_\_\_\_ Zoning \_\_\_\_\_ CT \_\_\_\_\_

Business/Firm Name  
\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

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

Owner Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Structure \_\_\_\_\_ Size \_\_\_\_\_ Seating \_\_\_\_\_

Use \_\_\_\_\_

Setup Date \_\_\_\_\_ Removal Date \_\_\_\_\_

Hours of Operation \_\_\_\_\_ to \_\_\_\_\_

Location of parking \_\_\_\_\_ No. of spaces \_\_\_\_\_

Sanitary Facilities: Location \_\_\_\_\_ # of womens \_\_\_\_\_ # of  
mens \_\_\_\_\_

# handicap accessible \_\_\_\_\_

Tents:

How is electrical to be provided \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ License # \_\_\_\_\_

Type & Location of fire prevention \_\_\_\_\_

Furnish certificate of fireproofing for tent \_\_\_\_\_ ok \_\_\_\_\_ no \_\_\_\_\_

Insurance carrier \_\_\_\_\_

Applicant \_\_\_\_\_

Address  
\_\_\_\_\_

Telephone (    ) \_\_\_\_\_ - \_\_\_\_\_

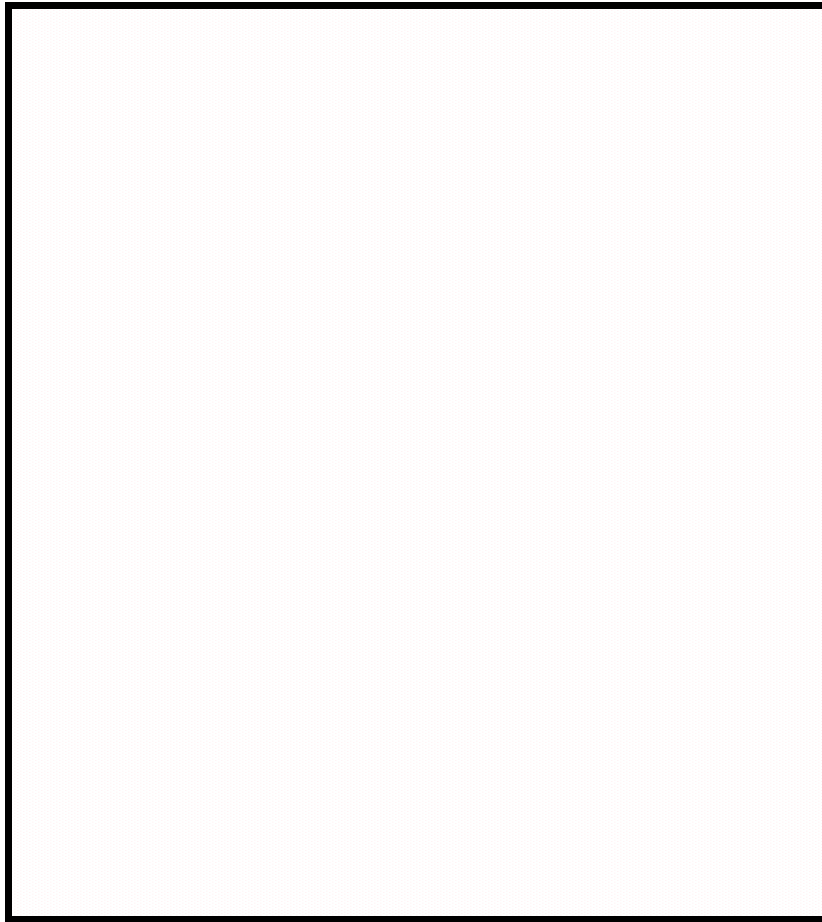
Project Cost \$ \_\_\_\_\_

SHOW ALL EXISTING AND PROPOSED BUILDINGS OR STRUCTURES ON SITE PLAN

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REAR LOT LINE

SIDE  
LINE



FRONT LOT LINE

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LOT DIMENSIONS    **L** \_\_\_\_\_    **W** \_\_\_\_\_    **SQ FEET** \_\_\_\_\_

SET BACKS            FRONT \_\_\_\_\_ REAR \_\_\_\_\_ SIDES \_\_\_\_\_ / \_\_\_\_\_

OTHER STRUCTURES    1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

CORNER LOT? \_\_\_\_\_