



**City of Annapolis**  
**Department of Planning and Zoning**  
 145 Gorman Street Fl 3  
 Annapolis, MD 21401-2529

FOR CITY USE ONLY	
PERMIT #	_____
SPEC EVENT #	_____
SUBMITTED	_____
ISSUED	_____

[Permitting@annapolis.gov](mailto:Permitting@annapolis.gov) • 410-260-2200 • Fax 410-263-9158 • TDD use MD Relay or 711 • [www.annapolis.gov](http://www.annapolis.gov)

## Tent, Stage or Other Temporary Structure Permit

This application, with required attachments, must be submitted to Planning and Zoning at least 30 days prior to the proposed event. A pre-application meeting with the Special Event Coordinator is highly recommended. Contact: The Special Projects Coordinator, 410-263-7996; fax 410-216-9284, or email [SpecialEvents@annapolis.gov](mailto:SpecialEvents@annapolis.gov) for this meeting.

Event title \_\_\_\_\_

Event date(s) \_\_\_\_\_ Alternative date(s) \_\_\_\_\_

Times open to public \_\_\_\_\_

Times access needed to site for set-up \_\_\_\_\_ and breakdown \_\_\_\_\_

Event address, attach map \_\_\_\_\_

Ward # \_\_\_\_\_ In Historic District?      Yes      No

Sponsoring organization \_\_\_\_\_

Status      Annapolis Residential/Community Group      Governmental Agency

Not for profit (attach designation letter)      Private Citizen

For profit, enter Federal Tax ID: \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Phone during event \_\_\_\_\_

Alternate contact \_\_\_\_\_ Phone(s) \_\_\_\_\_

**Temporary structures**      Tent      Stage      Generator      Other: \_\_\_\_\_

**A site map is required for all temporary structures.** *Unless express permission is granted by the Department of Planning and Zoning, all structures must be free standing (no objects may be driven or screwed into the public right of way) and no structures may block or cover any manholes, fire hydrants or valve boxes. Include all specs for stages.*

1. Tent      Size(s) \_\_\_\_\_ Number \_\_\_\_\_

Flame spread rating \_\_\_\_\_ Construction method \_\_\_\_\_

2. Other structures      Type \_\_\_\_\_ Size \_\_\_\_\_

3. Licensed company erecting structures(s)

Company name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

4. Electrical Supply. If **YES**, applicant must get separate electrical permit.

Generator size \_\_\_\_\_ and location \_\_\_\_\_

5. Toilet facilities plan (2 per 100 attendees; ADA required). Describe below.

6. Cooking or Food Served. If **YES**, applicant must have County Health inspection. (Call 410-222-7239). Describe food related activity below.

**Signature**

I have read and understand all the terms and conditions of this application. I am authorized by the applicant organization to sign on its behalf. My signature represents my acceptance of these terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attachment reminder:**

- Tent (site plan and Flamespread Rating Certificate)
- Stage (site plan and stage details)
- Food service (contact Anne Arundel County Health Department)
- Electrical
- Other

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P&Z final approval \_\_\_\_\_ Date \_\_\_\_\_

Permit fee paid \_\_\_\_\_

Pre-event inspection scheduled

Post-event inspection scheduled

Reviewed by \_\_\_\_\_

P&Z \_\_\_\_\_ Electric \_\_\_\_\_

Fire Marshal \_\_\_\_\_ AACo Health Inspector \_\_\_\_\_

P&Z permit issued by \_\_\_\_\_ Date \_\_\_\_\_