



# GARLAND

## BUILDING INSPECTION DEPARTMENT TEMPORARY ACTIVITY/COMMERCIAL AMUSEMENTS

CITY OF GARLAND  
P.O. BOX 469002, 800 MAIN STREET  
GARLAND, TX 75040-6299  
OFFICE (972) 205-2300 FAX (972) 205-2839  
INSPECTION REQUEST: (972) 205-2325  
<http://www.garlandtx.gov>

PERMIT# \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

PLEASE PRINT FIRMLY – FILL IN ALL BLANKS

<b>ACTIVITY ADDRESS</b>			
<b>NAME OF BUSINESS</b>			
<b>ENTITY CONDUCTING ACTIVITY</b>			<b>PHONE</b>
<b>PROPERTY OWNER</b>			<b>PHONE</b>
<b>MAILING ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
TYPE OF ACTIVITY: _____		DATE OF ACTIVITY: FROM: _____ TO: _____	
NUMBER OF PEOPLE EXPECTED: _____		TIME OF ACTIVITY: FROM: _____ TO: _____	

**WE REQUIRE AN ACCURATE SITE PLAN DRAWN TO SCALE SHOWING ALL PARKING, THE BUILDING LOCATION, EXIT(S) AND THE LOCATION OF ON SITE ACTIVITIES. IF THERE IS A TENT A FLAME PROOF CERTIFICATE IS REQUIRED AND WE WILL NEED TO KNOW THE LOCATION, AND SEATING. (IF APPLICABLE). (MAXIMUM PERMIT 14 CONSECUTIVE DAYS)**

TEMPORARY ACTIVITY		TEMPORARY COMMERCIAL AMUSEMENT	
<input type="checkbox"/> INDOOR ACTIVITY	<input type="checkbox"/> OUTDOOR ACTIVITY	<input type="checkbox"/> AMPLIFIED SOUND	<input type="checkbox"/> ANIMALS
<input type="checkbox"/> CHURCH BAZAAR	<input type="checkbox"/> COMMERCIAL SPORTING EVENT	<input type="checkbox"/> CARNIVAL	<input type="checkbox"/> CIRCUS
<input type="checkbox"/> CONCESSIONS	<input type="checkbox"/> AMPLIFIED SOUND	<input type="checkbox"/> INSURANCE BOND REQUIRED	<input type="checkbox"/> CONCESSIONS
<input type="checkbox"/> ANIMALS	<input type="checkbox"/> PUBLIC AUCTION	<input type="checkbox"/> PONY RIDES	<input type="checkbox"/> MECHANICAL RIDES
<input type="checkbox"/> REVIVAL	<input type="checkbox"/> TENT – CERTIFICATE OF FIRE PROOFING REQUIRED	<input type="checkbox"/> TENT - CERTIFICATE OF FIRE PROOFING REQUIRED	
OTHER: _____		OTHER: _____	

NOTE: ALL OUTDOOR TEMPORARY ACTIVITY EXCEPT CHURCH BAZAAR MUST BE LOCATED 300' FROM RESIDENTIAL STRUCTURE.

NOTE: ALL TEMPORARY COMMERCIAL AMUSEMENTS MAY NOT BE LOCATED WITHIN 300' FROM CHURCH, SCHOOL, OR HOSPITAL.

**NOTICE TO APPLICANT** This permit is issued on the basis of information furnished in this application and on any submitted plans, and is subject to the provisions and requirements of the City of Garland Code of Ordinances and any other applicable ordinances of the City, regardless of information and/or plans submitted. This permit holder is required to use only subcontractors licensed and registered by the City of Garland where such a requirement is applicable.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DL# \_\_\_\_\_ EXP. DATE \_\_\_\_\_ D.O.B. \_\_\_\_\_

▼ FOR OFFICE USE ONLY ▼

ZONING	CASH	CHECK	PERMIT : _____
RECEIPT NO.	DATE	REVIEWED BY	TENT: _____
			TOTAL: _____

**SPECIAL INSTRUCTIONS:**