



Instructions for obtaining a Permit **for Residential Temporary Tents & Canopies**

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
(574)294-5474

Required Applications & Documents

Zoning Permit: *Tents & Canopies (Temporary) - Residential* (see page 2 & 3)

Building Permit: *Tents & Canopies (Temporary) - Residential* (see page 4) (is only required if the temporary structure meets one of the below sizes)

1. Tent size is OVER 750 Sq Ft
2. Canopy size is OVER 1,500 Sq Ft

Site Sketch: a Site Sketch must be submitted with the Zoning Permit application, showing where the structure will be on the property. You will need to include the dimensions of the structure and the distance between the structure and the property lines. You also need to show the location of all existing structures on the property.

Temporary Tents & Canopies Information

A temporary tent permit is **not** required for the installation of a temporary tent/canopy that is 400 SF or less.

Tent vs Canopy:

- Tent = temporary structure with sides
- Canopy = temporary structure with NO sides

Fee Schedule

Zoning Permit Fee: \$50

Building Permit Fee: \$40



Zoning Clearance Application

Tents & Canopies (Temporary) - Residential

City of Elkhart, Indiana
229 S. 2nd Street, Elkhart, IN 46516
(574)294-5474

Property Owner Information

Owner's Name:	
Owner's Email Address:	Phone #:
Is Owner the Applicant? ☐ Yes ☐ No	

Property Information

Property Address:	# of Units:	# of Stories:
Current Use of Property:	Proposed Use of Property:	

Description of Work Information

Tent Installation Date:	
Event Start Date:	Event End Date:
Type of Temporary Structure: ☐ Tent (has sides) ☐ Canopy (no sides)	
Total # of Temporary Structures:	Total Sq Ft of Temporary Structures:
Tent/Canopy Support Structure: ☐ Frame ☐ Clearspan ☐ Pole ☐ Tension	
Tent/Canopy Anchorage: ☐ Stakes ☐ Ballast	
Stakes:	Ballast:
Total # of Stakes Required:	Type of Ballasting: ☐ Water ☐ Concrete
Depth of Stake Embedment (inches):	Total Ballast Weight Required:
Stake Angle: ☐ 0-15 degrees ☐ 30 degrees or greater	Ballast Mounting: ☐ Top ☐ Bottom

***Tent Anchorage Notice:** Industrial Fabrics Association International-Tent Rental Division has made recommendations for staking and ballasting calculations, based on their testing. The tent owner or agent shall attach a certificate executed by an approved testing laboratory certifying that the tents and their appurtenances; sidewalls, drops, floor coverings, etc. are composed of or treated with a material meeting the flame propagation performance criteria of NFPA 701.

Occupant Load**	Minimum # of Exits	Minimum Width of each Exit
10 - 199	2	72 in.
200 - 499	3	72 in.
500 - 999	4	96 in.
1,000 - 1,999	5	120 in.
2,000 - 2,999	6	120 in.
3,000 or more***	7	120 in.

**Occupant Load only needs to be calculated if the tent has sides. If assistance in calculating occupant load is required, please contact Elkhart Fire Dept. Inspection Bureau at 574-293-8931.

***When the occupant load exceeds 3,000 the total width of all exits (in inches) shall not be less than the total occupant load multiplied by 0.2 inches per person.

Please provide a diagram of the tent location on the property. If the tent has sides, please mark the exit locations on the diagram.

Tent Installer Information

Tent Installer Company Name:

Tent Installer Email:

Phone #:

NOTICE: The property owner/contractor shall assume responsibility for construction over any public and private easement. Whenever major improvements are made to a building or structure or a new use, parking/loading facilities shall conform to the existing zoning ordinance. A separate building permit application may be required prior to starting work. This permit becomes null and void if work or construction authorized is not commenced within 365 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

CERTIFICATE OF OCCUPANCY REQUIREMENTS: All new construction and substantial improvements to an existing property require a valid Certificate of Occupancy (C of O) prior to occupancy of a building. The following inspections are required: Structural, Electrical, Heating, Ventilation, Air Conditioning, Plumbing, and Zoning (paving and landscaping must be complete and the address displayed). The signature of the Building Commissioner and Zoning Administrator are also required for the final C of O. Final approval to occupy a building is not granted until the C of O is issued by the Building Department. Occupancy of a building without a C of O may result in the issuance of substantial daily fines. It is the responsibility of the property owner or their representative to contact the Building Department to request a C of O. The Building Department staff will contact the Planning & Zoning Department staff for a zoning inspection. It is the responsibility of the property owner or their representative to see that all the inspections listed above have been completed. By applying for this Zoning Clearance, if the undersigned is not the property owner of record, the undersigned representative assumes the responsibility to inform the property owner(s) of these requirements. A copy of this form is given to the undersigned representative, and one is retained in the records of the Office of Planning & Development. I have read the above statement and understand the requirements for a Certificate of Occupancy. I further understand that it is my responsibility to inform the property owner(s) of these requirements.

Signature of Owner or Authorized Agent*

Printed Name

Date

*If NOT the owner, please list your relationship to the owner: _____

To Be Completed By Office Staff:

Zoning Permit #:

Staff Comments:

Staff Signature: _____

Date: _____



Building Permit Application

Demolitions, Moving, Temporary Tent - Residential

City of Elkhart, Indiana
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(574)294-5474

Property Owner Information

Owner's Name:

Owner's Email Address:

Phone #:

Is Owner the Applicant? ☐ Yes ☐ No

Property Information

Property Address:

of Units:

Parcel #:

of Stories:

Description of Work Information

Scope of Work (select one): ☐ Demolition ☐ Moving ☐ Temporary Tent

Estimated Value of Work: \$

Description of Work:

Contractor Information

Contractor Name/Company Name:

Contractor Email Address:

Phone #:

NOTICE: Separate permits are required for Electrical, Mechanical, and Plumbing. These permits must be secured by the Licensed Contractor. This permit becomes null and void if work or construction authorized is not commenced within 365 days or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I HEREBY certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local law regulating construction or the performance of construction.

Signature of Owner or Authorized Agent

Printed Name

Date