



# Temporary Structure Permit Application Tents & Membrane (Larger than 120 S.F.)

(Tents or Membrane under 120 S.F. may not require a permit -

Consult the Bldg. Dept for additional information)

Community Development Department

Phone: (708) 354-1860

www.countryside-il.org

Fax: (708) 354-9445

Date: \_\_\_\_\_  Commercial  Multi-Family  Single-Family  Condominium

Tax Bill w/ application Property Identification Number \_\_\_\_\_

Name of Event: \_\_\_\_\_ Event Address: \_\_\_\_\_  
(Including street number, street name, and unit number, city, state zip)

Event Dates - From: \_\_\_\_\_ Through: \_\_\_\_\_ Organizer: \_\_\_\_\_

Phone: \_\_\_\_\_ Organizer's Address (if different): \_\_\_\_\_

**Submittals:** Please verify that you have provided 3 copies of all required information.

- Plat of Survey/ Site Plan locating each item
- Structural, Wind Uplift, Fire Resistance, Flame Spread, and Smoke Generation data.
- Setup and teardown information- including dates, and installer(s).
- Material Safety Data Sheets as applicable.
- Ushering/ Security Training/Procedures manual:
  - Procedures for handling overflow and for identifying and keeping exits/egress clear.**
  - Maximum number anticipated & maximum number admitted/seated.**
  - Protocols for additional temporary or folding chairs, How many?**
  - Overnight Security Procedures.**
  - Procedure for emergency medical situations.**
- 5" x 7"- Photo, Sketch, and/or Rendering for each structure.

I hereby certify that I have the legal authority to make this application, and all information provided in this application and any other information provided by me in support of this application, is true, complete and accurate to the best of my knowledge. I have read, do understand, and shall comply with all applicable terms and conditions required for this application. I also understand that I am responsible for all plan review and engineering fees.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Company Represented: \_\_\_\_\_

Phone: \_\_\_\_\_  Fax: \_\_\_\_\_  E-mail: \_\_\_\_\_

**OTHER SIDE PLEASE** ⇌

Office Use Only

Permit Number \_\_\_\_\_

Permit Cost \$ \_\_\_\_\_

Bond Amt / number \_\_\_\_\_

Water Meter  
\$ \_\_\_\_\_

Other Cost \$ \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

# Required Information for Site Plan/ Event Map

This checklist will be used to review this application

- J. U. L. I. E. - (800) 892-0123 - Within 2 weeks of installation
- Location of all buildings, structures, fences, walls, dumpsters, signs, landscaping, surface material, food apparatus, change in grade, etc.- for a minimum of 20 feet (20') around the perimeter of the temporary structure or assembly area (whichever is greater) and/or encountered in any exit route to the public way.
- Location of all booths, tables, displays, vendors, etc.
- Accessibility for people with disabilities- Parking, Seating, Signage, Ingress/Egress, etc.
- Protection of the Public- Stakes, Posts, Cables, Poles, Holes etc.
- A scaled and dimensioned Aisle/Exit plan - include marking each aisle/exit for the duration of the event.
- Seating Plan or Floor Plan- including maximum in each section and aggregate at any one time.
- Platform/riser/performance area plan- drawings for any site-constructed, including occupancy and loads.
- **Fire Safety -**
  - **Location, type, and identification type for all fire extinguishers**
    - If cooking on site, a portable ABC (minimum 10#) in each booth, readily accessible.
    - If deep fry unit is used an ADDITIONAL "K-rated" fire extinguisher is required.
  - Location of all compressed gas cylinders and method to secure each cylinder in an upright position.
  - Flammable gasses and liquids must be stored at least five feet from any ignition source.
- **Utility Plan** - identifying any utility that will be brought to, through, or utilized as a part of this event.
  - **Electric- (Grounded, GFCI protection is REQUIRED on all 110 Volt circuits.- including LIGHTING)**
    - Location of all electric outlets-permanent and temporary- including location of panel/over current protection for each circuit.
    - Location of all temporary wiring including details of attachment, and trip hazard protection.
    - Lighting fixture schedule and locations, including emergency and exit lighting.
    - Food vendor utilization.
  - **Toileting, Diaper Changing and Hand Washing Facilities- including Accessible.**
    - Location and number of all available facilities.
    - One hand sink for every three toilets plus one sink in each food service booth.
  - **Water/ Wastewater**
    - Identify all water sources, including hoses- food grade hoses required for potable.
    - Identify wastewater disposal sites, including method for separating/disposing grease/oil.
    - Identify lawn sprinkler controls (if the area is sprinkled)
  - **Garbage/Refuse/Trash/Litter/Charcoal/ disposal- provide details, locations and pick-up schedule.**
- **Signs and Banners** - Permits are required for any signs and banners not incorporated into booths.
- **Hydrant Meter Deposit and Water Purchase**

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## Contractor

**Installer:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Including street number, street name, and unit number, where applicable)

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_