



City of Windsor Heights

www.windsorheights.org

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**WINDSOR
HEIGHTS**
the heart of it all

TEMPORARY STRUCTURE APPLICATION Commercial

Permit Fee: \$50/month per structure

Date of Application: _____

Company Name/Applicant: _____

Address: _____

Phone: _____

Email: _____

Contact: _____

Number of units to be erected: **TENTS** _____ **CANOPIES** _____ **CONNEX** _____

Date(s) and Time(s) of use: _____

Name or owner of tents/canopies: _____

Description of proposed site of structure: _____

The need for such structure: _____

List size of each unit: _____

To be erected by: _____

Flame retardant treatment used: _____

For Fire Department Inspection-

Electrical service to be used? _____ **Yes** _____ **No**

Cooking facilities to be used? _____ **Yes** _____ **No**

“No Smoking” signs posted? _____ **Yes** _____ **No**

Fire extinguishers: Number of _____ **2A** _____ **2A/10BC**

NFPA 1124 requirements met? _____ **Yes** _____ **No**

Payment:

- Cash
- Credit Card
- Check No. _____

SIGNATURE OF MANAGER OR OWNER (APPLICANT)

X _____

DATE: _____

_____ **Approved** _____ **Denied** **Date:** _____

Zoning Administrator

Fire Inspector