



North Tahoe Fire Plan Review Application  
 PO Box 5879 / 222 Fairway Drive  
 Tahoe City, CA 96145  
 (530) 583-6911 / Fax (530) 583-6909  
 Submit to plans@ntfire.net

**Tents, Canopies, Temporary Structure Plan Check**

*Plan Review and Permit (TNT)*

\*Space that is 400 sq. ft. with no walls and Space that is 400 sq. ft. or less do not require a permit.

Date \_\_\_\_\_  
 Event Address \_\_\_\_\_  
 Business/Venue Name \_\_\_\_\_  
 Fire District      North Tahoe Fire      Meeks Bay Fire      Alpine Springs Water District  
 Set-up Date \_\_\_\_\_ Time \_\_\_\_\_ Tear-Down Date \_\_\_\_\_ Time \_\_\_\_\_  
 Number of Tents/Structures \_\_\_\_\_ Attached, Detached, or Mixed \_\_\_\_\_  
 Event Description \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Tent Provider**

Name \_\_\_\_\_  
 Provider Contact Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Customer**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_

**Onsite Contact on Day of Event**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**Proceed with this application if it is for; Check which ever applies:**

Space that is greater than 401 sq. ft. will require a permit (With or without walls)

Space that is 400 sq. ft. with walls will require a permit.

**Review the statements below. Check the boxes once the statements have been reviewed.**

Tents/structures that will be up for 180 days or more or any tents/structures that are adjoined to a building will require approval and permit from Placer Co. The Placer Co. permit number will need to be submitted with this application.

Review the submittal requirements below. NTFPD is no longer able to approve plans with conditions. If any of the requirements are missing, plans will not be approved and will be subject to resubmittals and resubmittal fees.

The permit will be issued at the event site once the final inspection is completed and passed.

**Tents, Canopies, Temporary Structure Plan Check:**  
**Check the requirements to ensure all are met prior to submitting.**

A Site Plan showing the entire area of the event

Applicable building codes and standards must be noted on the cover sheet, including the NTFPD or MBFPD amended fire code. NTFPD Ordinance 04-2019 or MBFPD Ordinance 19-2.

Identify the location and size of the tent(s) provided with occupancy load per CFC chapter 10  
Note: divide overall floor space by net per person for approved occupant load. Per CFC CVC Table 1004.1.2

Identify the number and location of exits and illuminated exit signs per CFC Table 3103.12.2

Identify aisle width measurements to meet accessibility requirements per CFC 3103.12.5

Provide a plan showing where all seating or displays will be located

Identify the location of the path of travel within and outside of the structure with clearances

Identify location of fire extinguishers (2A10BC minimum) every 75 feet, mounted at 4 feet

Identify the location of all accessible parking stalls and the loading area

Identify roadway widths and fire/emergency lane access

Provide documentation of flame retardant rating for tent materials per CSFM

Identify location of heaters and propane tanks

Identify location of any coverings and any fabrics

Identify location of cooking area and any open flame devices

Pre-Development Meeting Findings/Alternate Materials and Methods Request (If applicable)

I hereby acknowledge that I have read the Fire District's requirements above for plan review. Furthermore, I acknowledge that if any of the requirements are not complied with, the plans/project will fail review and will be subject to resubmittals and resubmittal fees. By signing below, I am verifying that I have met the requirements for this submittal.

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

Review section below after plan review is complete.

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Office Use Only:

**Final Fire Inspections that will be required for your project:**

Tents, Canopies, Temporary Structure Final Inspection

To schedule any of these inspections, visit our [bookings](#) page.

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Additional Plan Review Comments:

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Date completed \_\_\_\_\_ Approved      Not approved, resubmittal required

Cost Recovery Fees Due \$ _____ Paid on _____
Last four CC# _____ Check # _____