CHECKLIST FOR

RESTAURANTS SUBMITTING APPLICATIONS FOR OUTDOOR TENT PERMITS FOR COLD WEATHER MONTHS DURING THE COVID-19 CRISIS

☐ A completed Building Permit Application.
☐ A Check for $85.00 made payable to Anne Arundel County.
☐ Three copies of a Site Plan showing the location of the tent with relation to the restaurant and other structures. Plan to indicate the size (length and width) of the tent. Plan to indicate the distance from the front entrance of the restaurant to the tent. Plan to indicate the location of all fire lanes, Fire Department Connection, and accessible parking spaces if applicable.
☐ Three copies the Seating Layout Floor Plan indicating the location of the table and chairs, number, and spacing distances between tables and chairs. The plan shall also indicate the location of portable fire extinguishers.
☐ Three copies of Tent Details including: Framework, Anchoring details, Structural plans.
☐ Copy of the Fire Marshal’s Capacity Certificate as displayed in the restaurant. If the tent capacity is under 50 persons, only a statement from the owner is required to be submitted.
☐ A Permission Letter from the Management Company or other entity that is in ownership of the parking lot or area where tent will be located.
☐ Three copies of the Flame Spread Certification for the tent material indicating it meets NFPA 701.
☐ If providing heat for the tent, three copies of the following are to be included:
  o Manufacturer’s cut sheets of any/all proposed heaters. All heaters are to be UL Listed.
  o Location of any propane heaters. Propane heaters are to be located at least 5 feet outside of the tent and air ducted into the tent. Carbon monoxide detectors shall be provided within the tent.
☐ If tent is to be enclosed with sidewalls/flaps while occupied, the following is to be provided/indicated:
  o Exit signage above 3’ wide, unobstructed, and remote exit openings.
  o Emergency lighting.
☐ Contact name, email, and phone number in the space below:

Contact Information:

Name: ________________________

Mailing Address: ________________________

Email: ________________________

Phone Number: ________________________

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