

**TOWN OF NEW MILFORD
ZONING DEPARTMENT
10 Main Street
New Milford, CT 06776
860-355-6095
zoning@newmilford.org**

TEMPORARY TENT

For a temporary tent associated with a temporary event ***NOT open to members of the general public*** (wedding, private party) please complete the following:

(For a temporary tent associated with a temporary use **open to members of the general public** please complete the **reverse side** "TEMPORARY USE PERMIT APPLICATION")

Date of Application

Date(s) of Event: (including set-up and break-down)

Address of Event

tax map/ tax lot

Property Owner

Tent Company Name

Address

Applicant Name/ Contact Person

Phone/cell number

Description of Event: _____

Dimension of tent(s): _____

Site plan showing location of the tent(s) must be included with the application

Signature of Applicant

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APPROVED BY: _____ DATE: _____

NPR# _____