



PUBLIC PROTECTION CABINET
 Department of Housing, Buildings and Construction
 500 Mero Street, 1st Floor
 Frankfort, KY 40601
 Phone: 502-573-0365
 Fax: 502-573-1057
<http://dhbc.ky.gov>

**Kentucky Temporary Structures (KTS)
 KTS Site Placement Application**

NOTE: Indicate the Manufacturer's Model # _____ DOES THIS TENT HAVE KY TENT MODEL APPROVAL? _____

NAME OF PERSON SUBMITTING PLANS _____	PHONE (_____) _____ - _____	IS THE SITE REVIEW FEE INCLUDED WITH PLANS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
MAILING ADDRESS: _____	NUMBER / STREET, HWY, ROAD or P. O. BOX _____	CITY _____	STATE _____ ZIP CODE _____

BUSINESS & PROJECT NAME: _____
PROJECT LOCATION: _____
NO./ STREET, HWY or ROAD (Please do not indicate P.O. Box or Postal Routes) _____
CITY _____ COUNTY _____

OWNER OR CUSTOMER: _____	PHONE (_____) _____ - _____
MAILING ADDRESS: _____	NUMBER / STREET, HWY, ROAD or P. O. BOX _____
CITY _____	STATE _____ ZIP CODE _____

ARCHITECT (NAME & FIRM) _____	PHONE (_____) _____ - _____
AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION. <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAILING ADDRESS: _____	NUMBER / STREET, HWY, ROAD or P. O. BOX _____
CITY _____	STATE _____ ZIP CODE _____

DEALER NAME: _____	PHONE (_____) _____ - _____
MAILING ADDRESS: _____	NUMBER / STREET, HWY, ROAD or P. O. BOX _____
CITY _____	STATE _____ ZIP CODE _____

MANUFACTURER NAME: _____	PHONE (_____) _____ - _____
MAILING ADDRESS: _____	NUMBER / STREET, HWY, ROAD or P. O. BOX _____
CITY _____	STATE _____ ZIP CODE _____

SITE CONTRACTOR: _____	PHONE (_____) _____ - _____
MAILING ADDRESS: _____	NUMBER / STREET, HWY, ROAD or P. O. BOX _____
CITY _____	STATE _____ ZIP CODE _____

******* BUILDING INFORMATION *******

NUMBER OF TENTS IN THIS SUBMITTAL: _____	USE OF TENTS i.e.... COOKING, SALES, DANCING,,DINING or other (please specify) _____
IF NOT A TENT WHAT TYPE OF TEMPORARY STRUCTURE IS BEING SITED :	<input type="checkbox"/> PERFORMING STAGE <input type="checkbox"/> ELEVATED FLOOR SYSTEM <input type="checkbox"/> OTHER: _____
TENT/ STRUCTURE MEASUREMENTS: _____ WIDE BY _____ LONG	TOTAL AREA IN NEW BLDG. OR ADDITION: _____ FT. ²

WHAT DATES WILL THIS TENT/STRUCTURE BE PLACED ON SITE? _____

- KTS SITE SUBMITTAL CHECKLIST THE SITE SUBMITTAL SHALL INCLUDE THE FOLLOWING:**
- Site Plan w/ tent location/distances to adjacent buildings and property lines
 - Anchoring details based on reaction factors
 - Floor plan including emergency lighting and exit sign locations
 - Operational manuals per Model Approval
 - Dates of temporary use
 - Emergency shut down procedures due to severe weather including the maximum wind speed before evacuation (not to exceed 75% of designed wind speed)