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Governor

**PUBLIC PROTECTION CABINET**  
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Deputy Secretary

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

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

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

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

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

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

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

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

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

\*\*\*\*\* **BUILDING INFORMATION** \*\*\*\*\*

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

**WHAT DATES WILL THIS TENT/STRUCTURE BE PLACED ON SITE?** \_\_\_\_\_

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