

City of Temple Terrace Community Services



Special Event Permit Application

PERMIT # _____ - _____

PROPERTY ZONING: _____

APPLICATION DATE: _____

LOCATION OF ACTIVITY: _____

APPLICANT NAME: _____

PHONE #: _____

APPLICANT TITLE/REPRESENTATIVE CAPACITY _____

REPRESENTING ORGANIZATION/GROUP: _____

NON-PROFIT? YES NO

PROPERTY OWNER NAME & ADDRESS: _____

PHONE #: _____

PROPOSED ACTIVITY: _____

ARE SIGNS, HANDBILLS, EQUIPMENT, LOUDSPEAKERS, POSTERS OR MATERIALS OF ANY KIND TO BE USED? IF SO PLEASE DESCRIBE/EXPLAIN. _____

DATES/TIMES OF ACTIVITY:

DATE: FROM _____ TO _____
 TIME: FROM _____ TO _____

REQUIRED SUBMITTALS	TWO (2) COPIES OF SITE PLAN SHOWING:
	LOCATION OF ALL ACTIVITIES
	LOCATION OF ANY SIGNS/BANNERS
	SKETCH SHOWING SIZE AND CONTENT OF
	SIGNS/B ANNERS
	FIRE RETARDANT CERTIFICATE FOR TENTS IF USED
	NOTARIZED LETTER OF AUTHORIZATION FROM
	PROPERTY OWNER

I HEREBY AGREE TO COMPLY WITH ALL APPLICABLE CODES, LAND DEVELOPMENT REGULATIONS AND ADOPTED BUILDING CODES OF THE CITY OF TEMPLE TERRACE, WHETHER OR NOT SHOWN OR INDICATED IN PLANS OR SPECIFICATIONS OF THIS PERMIT.

SIGNATURE OF APPLICANT _____

Chapter 837.06—F.S. False Official Statements

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided for in s.775.02 or s.775.083

APPLICANT INITIALS: _____

Conditions of Approval

- No signs shall face state roadways
- All signs shall have a minimum setback of 5' from the property lines
- No sign shall be located within the "site triangle"
- No signs shall be placed in the right-of-way
- No activities shall occur in the right-of-way
- The activity, signs, fencing etc. shall not impede the flow of vehicular or pedestrian circulation or visibility on site or within the right-of-way
- All materials shall be removed and the site returned to original condition prior to the final inspection date.

APPLICANT INITIALS: _____

FOR OFFICE USE ONLY

BUILDING: _____	DATE: _____
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ZONING: _____	DATE: _____
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DATE: _____	DATE: _____
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DATE: _____	DATE: _____
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DATE TRANSMITTED: _____

PLEASE RETURN BY: _____