

CITY OF OLDSMAR
300 Commerce Boulevard
Oldsmar, Florida 34677-3655
(813) 749-1260
FAX (813) 818-7625
Website: www.myoldsmar.com

| | | |
|-----------------|----------------------|-------------------------|
| Date Received | <input type="text"/> | |
| Application No. | <input type="text"/> | |
| Fee Received | <input type="text"/> | By <input type="text"/> |
| Receipt No. | <input type="text"/> | |

TEMPORARY USE PERMIT APPLICATION (Park)

NOTICE TO APPLICANT

1. Processing will not be started, and the application will not be officially accepted until all the following items have been completed.

The applicant or his/her authorized representative must be present at any requested meeting and any requested public hearing considering the application and it is the duty of the applicant or his/her authorized representative to obtain the time, date, and place of all public hearings and/or meetings at the Office of the City Clerk. Failure to appear shall be sufficient cause to deny the request due to lack of evidence.

2. **APPLICATION:** The application must be complete and accompanied by the filing fee which is non-refundable, engineering fees if applicable, must also be paid at the time of submittal.
FEE: Determined by city council resolution
3. **EVENT SITE PLAN:** Folded. Identify event facilities and ingress/egress for traffic and pedestrians.
4. **CERTIFICATE OF INSURANCE:** Must be current and indicate limits of coverage.

| | | | |
|------------------|----------------------|---------------|----------------------|
| Applicant's Name | <input type="text"/> | Telephone No. | <input type="text"/> |
| Mailing Address | <input type="text"/> | FAX No. | <input type="text"/> |
| | | E-mail | <input type="text"/> |

PROPERTY INFORMATION

| | | | |
|--|----------------------|---------------|----------------------|
| Present Use | <input type="text"/> | | |
| Subject Property Street Address and Parcel ID# | <input type="text"/> | | |
| Property Size in Square Feet and Acres | <input type="text"/> | | |
| Owners Name | <input type="text"/> | Telephone No. | <input type="text"/> |
| Mailing Address | <input type="text"/> | FAX No. | <input type="text"/> |
| | | E-mail | <input type="text"/> |

EVENT INFORMATION

Description of the proposed event and expected number of attendees

Event dates and hours of use

Insurance Carrier name, address and telephone number

CERTIFICATION

Print Applicant's Name and Title

Date

I hereby acknowledge that if approved, this application will be invalidated if there is any violation of the terms and conditions under which it was issued or if there is any deviation from the use described here in. I further acknowledge that this permit can be revoked for any false, erroneous or misleading information provided with this application.

I understand that there may be conditions to be met as defined by city staff on the final page of the permit application and that these conditions must be satisfied prior to the permit's approval. The City reserves the right to inspect the property and/or temporary structures.

Signature of Applicant

City Staff Will Complete This Portion of the Application

PERMIT CONDITIONS

- Electrical Permit Required
- Building Permit Required
- Tent Permit Required
- Site parking plan
- Traffic engineering plan
- Law Enforcement for traffic control
- Public Right-of-Way financial guarantee
- Sanitation/Cleanup and Public Property Damage financial guarantee
- Health Department permit for Temporary Sanitary Facilities

Other

Explanation of imposed conditions

Permit Approval

Permit Duration

Use permitted

Location

Approved By

Date

Permit Denial

Denied By

Date

The denial of this application may be appealed to the Oldsmar City Council as provided for in article 14.4.4.4 of the Oldsmar Land Development Code.