



## TEMPORARY USE PERMIT APPLICATION OTHER TEMPORARY STRUCTURES (666)

City of Okeechobee - General Services Department

55 SE 3rd Ave, Room 101, City Hall, Okeechobee, FL 34974

Phone: (863) 763-3372 ext. 9821

DATE RECEIVED:

DATE ISSUED:

APPLICATION NO.:

EVENT DATE(S) & TIME:

FEE: \$175.00

Non-Profit/Civic Organization

DATE PAID:

PROPERTY OWNER

Name of Property Owner(s):

Address:

Telephone Numbers:

Home:

Work:

Cell:

APPLICANT

Name of Applicant:

Address:

Telephone Numbers:

Home:

Work:

Cell:

Future Land Use Map Designation:

Current Zoning Designation:

Legal Description of Property:

Address of Property:

Please Explain Type of Use:

Briefly describe use of adjoining property

North:

East:

South:

West:

Other temporary structures subject to the following regulations:

1. Christmas tree, fireworks and similar seasonal sales operated by a non-profit organization.
2. Carnival, circus, fair or other special event operated by a non-profit organization on or abutting their principal use. (\*additional information required)
3. Commercial carnival, circus or fair in commercial or industrial districts.
4. Similar temporary structures where the period of use will not exceed 30 days a year.

**The Applicant shall:**

1. Submit proof of liability insurance, paid in full covering the period for which the permit is issued, in the minimum amount of \$1,000,000.00 per occurrence.
2. Have notarized written permission of property owner, if applicant is not the property owner.
3. Remove all debris within 48 hours of expiration of permit.
4. Submit Site Plan, State Inspection Certificates and submit State Annual Permit \*

**City Staff (Please review the application, attach comments or special conditions).**

Occupational and/or State License Verification:

Date:

Fire Department Approval:

Date:

Police Department Approval:

Date:

Public Works Department Approval:

Date:

Building Inspector Approval:

Date:

City Administrator Approval:

Date:

I hereby certify that the information on this application is correct. The information included in this application is for use by the City of Okeechobee in processing my request. False or misleading information may be punishable by a fine of up to \$500.00 and imprisonment of up to thirty days and may result in the summary denial of this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Revised 3-5-19 jld

APPLICATION FOR SPECIAL EVENT

Application Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

ADDRESS OF EVENT: \_\_\_\_\_

DESCRIPTION OF EVENT: \_\_\_\_\_

NAME OF SPONSOR ORGANIZATION: \_\_\_\_\_

Contact Number before and during event OF RESPONSIBLE PERSON: ( ) - \_\_\_\_\_

RESPONSIBLE PERSON'S NAME:

DATE(S) AND TIME(S) OF EVENT:

Date: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Closing Time: \_\_\_\_\_

Date: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Closing Time: \_\_\_\_\_

ARE ANY ROADWAYS TO BE BLOCKED/CLOSED? \_\_\_\_\_ LOCATION \_\_\_\_\_

Will Emergency Apparatus (Fire and Ambulance) have access to area? \_\_\_\_\_

IF NO, THEN (provide alternatives): \_\_\_\_\_

WILL ELECTRICITY BE USED? YES [ ] NO [ ] (circle)

Locations: \_\_\_\_\_

Provided By: \_\_\_\_\_

WILL HEATING/OPEN FLAMES FOR FOOD BE PROVIDED? (circle) YES [ ] NO [ ]

Type of Heating Equipment Used: \_\_\_\_\_

WILL A TENT BE ERECTED? (circle) YES [ ] NO [ ]

Tent Manufacturer: \_\_\_\_\_ Size \_\_\_\_\_ fire rating posted: \_\_\_\_\_

Tent have sides and how many? \_\_\_\_\_

Are there Fire Extinguishers accessible and ready for use? (circle) Yes No

\*\*\*ATTACH SITE MAP OF EVENT LAYOUT\*\*\*

FIRE SERVICES SHALL COMPLETE ITEMS BELOW:

FIRE DEPARTMENT LIFE SAFETY & FIRE SERVICES REQUIREMENTS: (See above)

- checkbox Tents/canopy fire rating certificate required.
checkbox Tent Size require life safety inspection (900 square feet or less then no permit is required)
checkbox Floor plan / seating / setup drawing required showing exits, etc.
checkbox Emergency access must be maintained. (REFERS TO VEHICLES AND EQUIPMENT)
checkbox Fire extinguishers must have current tag, and be operational and readily accessible.
checkbox Cooking requires LPG outside of tent pointing away from exposures.
checkbox Electrical wiring exterior rated, not overloaded.
checkbox Fire Services inspection required.
checkbox Fire watch or inspector(s) REQUIRED? FIRE WATCH Amount: \_\_\_\_\_
checkbox Firefighter/Inspector Amount: \_\_\_\_\_ Other: \_\_\_\_\_

FIRE DEPARTMENT OFFICIAL (PRINT): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Please call the FD at 863-467-1586 for any questions.