



**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	<input type="checkbox"/> 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:
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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
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CITY OF OKEECHOBEE FIRE DEPARTMENT

APPLICATION FOR SPECIAL EVENT

Application #: _____ Date Submitted: _____ Permit #: _____

Name Of Event: _____

Address Of Event: _____

Description Of Event:

Name Of Sponsor/Organization: _____

Contact Number before/during event **OF RESPONSIBLE PERSON:** _____

Date(S) And Time(S) Of Event:

Date: _____ Starting Time: _____ Closing Time: _____
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 EXPLAIN (provide alternatives):

WILL ELECTRICITY BE USED? YES NO

Locations: _____

Provided By: _____

WILL HEATING/OPEN FLAMES FOR FOOD BE PROVIDED? YES NO

Type of Heating Equipment Used: _____

WILL A TENT BE ERECTED? YES NO

Tent Manufacturer: _____ Size _____ fire rating posted: _____

Tent have sides and how many? _____

(See Fire Department's checklist below to assist with expectations regarding safety)

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

The following items to be completed by Fire Department only

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

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

FIRE DEPARTMENT OFFICIAL (PRINT): _____

SIGNATURE: _____

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