

# City of Safety Harbor Application for TEMPORARY USE

Date Received:	
File Number:	
Staff Reviewer:	

**1. PROPERTY OWNER:**

Name:		
Address:		
Telephone:	Fax:	E-Mail:

**2. PETITIONER (if same as property owner, write "Same"):**

Name:		
Address:		
Telephone:	Fax:	E-Mail:

**3. AGENT FOR PETITIONER:**

Name:		
Address:		
Telephone:	Fax:	E-Mail:

**4. TEMPORARY USE PROPOSED:**


**5. PERMIT TYPE:**

One Day (up to 12 events per year)

List Dates and Hours for each event:

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Six Month (up to two calendar days a week)

List Dates and Hours for each event:

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Ninety Day (open daily)

List Start and Completion Dates:

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**6. DESCRIBE HOW UTILITIES, DRAINAGE, REFUSE MANAGEMENT, ACCESS AND PARKING WILL BE ADDRESSED:**


**7. LIST SIZE AND QUANTITY OF TENTS:**

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**8. REQUIRED INFORMATION:**

- Site or Sketch Plan showing the nature of the activity and temporary improvements involved.
  
- Approval of sanitation facilities from Pinellas County Health Department (if applicable)

**9. DESCRIBE HOW FOOD WILL BE SOLD AND ANY MOBILE VENDING PLANNED FOR THE EVENT:**

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**IF A MOBILE VENDOR IS PLANNED, PLEASE PROVIDE A COPY OF THEIR CURRENT MOBILE VENDING PERMIT FOR THE SUBJECT PROPERTY OR HAVE THE MOBILE VENDOR APPLY FOR A CITY MOBILE VENDING PERMIT.**

**10. APPLICATION FEES (Must be paid prior to processing):**

Type	Review Fee	Public Notice Fee	Total
TEMPORARY USE OR TIME EXTENSION	\$50	N/A	\$50

# NOTORIZED AFFIDAVIT

I and/or we, the undersigned certify ownership of the property within this application, certify that said ownership has been fully divulged, whether such ownership be contingent or absolute, and that the names of all parties to any existing contract for sale or any options to purchase are filed with this application.

I/we, certify that \_\_\_\_\_ and \_\_\_\_\_ is/are duly designated as the agent(s) for the owner, that the agent(s) is/are authorized to provide subject matter on the application contained herein, whether verbal or written, and appear at any public hearing(s) involving this petition. Further, it is understood that this application must be complete and accurate, and the fee paid prior to processing.

STATE OF FLORIDA  
COUNTY OF PINELLAS

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_ . They are  Personally Known

OR

Produced Identification \_\_\_\_\_ Type of identification

\_\_\_\_\_

Signature of Title Holder

\_\_\_\_\_

Printed Name of Title Holder

\_\_\_\_\_

Signature of Title Holder

\_\_\_\_\_

Printed Name of Title Holder

\_\_\_\_\_

Signature of Notary

\_\_\_\_\_

Name of Notary [typed, printed or stamped]

**NOTARY  
STAMP**