

**City of Safety Harbor Application for
TEMPORARY USE
APPROVAL INCLUDING TENTS**

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:

Six Month (up to two calendar days a week)

List Dates and Hours for each event:

Ninety Day (open daily)

List Start and Completion Dates:

Tents (Up to 60 Days)

Tent Size: _____ Proposed Number of Days (Maximum of 60 days): _____

Attach a sketch showing the proposed location of the tent, dimensions, height, setback from existing buildings and parking, and how it will be affixed to the ground.

Please note: Tents must be placed on private property and cannot be placed in required parking areas. Tents above 900 sq. ft. shall demonstrate compliance with Florida Fire Prevention Code Requirements. Tents cannot be placed in the right-of-way, roadway, or sidewalk or blocking City utility access.

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

7. REQUIRED INFORMATION:

Site or Sketch Plan showing the nature of the activity and temporary improvements involved.

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

IF A MOBILE VENDOR IS PLANNED, PLEASE PROVIDE A COPY OF THE MOBILE VENDING PERMIT FROM THE FLORIDA DBPR.

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

Type	Review Fee	Public Notice Fee	Total
TEMPORARY USE OR TIME EXTENSION	\$50	N/A	\$50
TENT INSPECTION FOR TENT PERMITS	\$25	N/A	\$25

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**