



**SEMINOLE COUNTY PLANNING & DEVELOPMENT  
DEPARTMENT**

**PLANNING DIVISION  
1101 EAST FIRST STREET  
SANFORD, FL 32771**

**(407) 665-7371 PHONE (407) 665-7385 FAX APPL.NO. \_\_\_\_\_**

**APPLICATION FOR A SPECIAL EVENT PERMIT**

Applications for a Special Event Permit shall include all applicable items listed in the Application Checklist. No application will be reviewed until a complete application (including all information requested below) has been received by the Planning & Development Department, Planning Division.

	PROPERTY OWNER	AUTHORIZED AGENT *
<b>NAME</b>		
<b>ADDRESS</b>		
<b>PHONE 1</b>		
<b>PHONE 2</b>		
<b>E-MAIL</b>		

\*Applicant Authorization Form required

PROJECT INFORMATION	
<b>PROJECT NAME</b>	
<b>SITE ADDRESS</b>	
<b>CURRENT USE</b>	
<b>GENERAL LOCATION</b>	
<b>PROPERTY ID NUMBER(S)</b>	
<b>SIZE OF PROPERTY</b>	<b>acres</b>
<b>DATE OF EVENT</b>	
<b>DESCRIPTION OF EVENT</b>	
<b>HOURS OF EVENT</b>	
<b>NUMBER OF ATTENDEES</b>	

**By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information will be grounds for denial or reversal of this application and / or revocation of any approval based upon this application. I also represent that I have the lawful right and authority to file this application.**

**SIGNATURE OF AUTHORIZED APPLICANT\* \_\_\_\_\_ DATE \_\_\_\_\_**

\* Proof of owner's authorization is required with submittal if signed by agent.

## **Application Checklist**

All applications for a Special Event Permit must include the following:

1. \$50.00 Application Fee
2. Legal description of subject property in digital format (must be provided in Word format on a CD)
3. Full disclosure of financial backing for the event
4. The names of all performers at the event
5. Description of how security and traffic control will be provided
6. Copies of any necessary licenses for the serving of food and/or beverages
7. Copy of proof of insurance
8. The following information must be provided on an 11X17 site plan drawn to scale:
  - a. Areas for the serving of food and/or beverages
  - b. Locations of structures, including any temporary structures such as tents
  - c. Location of music or other amplified noise source and the proximity to residential areas
  - d. Location of sanitation facilities
  - e. Location of trash receptacles
  - f. Parking plan. The parking cannot be located within the area of the Event. If transportation is provided to the Event, the routes must be depicted.
  - g. Pedestrian circulation plan demonstrating the traffic/parking areas are safely separated from pedestrians
  - h. Location of medical facilities

**Once your application is deemed sufficient, it will be reviewed by Staff and scheduled for the earliest available Board of County Commissioners meeting.**

**SEMINOLE COUNTY APPLICANT AUTHORIZATION FORM  
(ORIGINAL ONLY)**

An authorized applicant is defined as:

- The property owner of record: or
- An agent of said property owner (power of attorney to represent and bind the property owner must be submitted with the application); or
- Contract purchaser (a copy of a fully executed sales contract must be submitted with the application containing a clause or clauses allowing an application to be filed).

I \_\_\_\_\_, the fee simple owner of the following  
(Owner's Name)  
described property (Provide Legal Description or Tax Parcel ID Number(s) \_\_\_\_\_

\_\_\_\_\_ hereby petition Seminole County for a Special Event Permit and affirm that \_\_\_\_\_  
\_\_\_\_\_ is hereby designated to act as my / our authorized agent and to file the attached application for the stated amendment and make binding statements and commitments regarding the amendment request.

\_\_\_\_\_  
Owner's Signature

I certify that I have examined the application and that all statements and diagrams submitted are true and accurate to the best of my knowledge. Further, I understand that this application, attachments and fees become part of the Official Records of Seminole County, Florida and are not returnable.

**SWORN TO AND SUBSCRIBED** before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ has identification and who executed the foregoing instrument and sworn an oath.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public in and for the County and State  
Aforementioned

My Commission Expires: \_\_\_\_\_