

SEMINOLE COUNTY PLANNING & DEVELOPMENT DIVISION

1101 EAST FIRST STREET, ROOM 2028 SANFORD, FLORIDA 32771 TELEPHONE: (407) 665-7371 PLANDESK@SEMINOLECOUNTYFL.GOV

PROJ. #:			

SPECIAL EVENT PERMIT

MUST SUBMIT COMPLETED APPLICATION, FEE AND OTHER REQUIRED DOCUMENTS NO LESS THAN

10 BUSINESS DAYS PRIOR TO AN EVENT NOT REQUIRING BCC APPROVAL OR

45 BUSINESS DAYS PRIOR TO AN EVENT REQUIRING BCC APPROVAL.

APPLICATION TYPE/FEE					
SPECIAL EVENT PERMIT (NOT REQUIRING BCC APPROVAL)			\$75.00		
SPECIAL EVENT PERMIT (REQUIRING BCC APPROVAL)			\$300.00		
EVENT INFORMATION					
EVENT NAME:					
LOCATION ADDRESS:					
LOCATION PARCEL ID #:					
DATE(S) & HOURS OF EVENT:		# OF ATTEN	IDEES/DA	Y:	
ACREAGE OF PROPERTY:	ZONING:	SECURITY:	☐ YES	□NO	
DEVICES FOR ATTRACTING ATTENTION, HOW SECURITY AND	TRAFFIC CONTROL WILL	BE PROVIDED, ETC.)):		
PROPERTY OWNER					
NAME:	COMPANY:				
ADDRESS:					
CITY:	STATE:	ZIP:			
PHONE:	EMAIL:				

AUTHORIZED AGENT		
NAME:	COMPANY:	
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	EMAIL:	
ATTACHMENT CHECKLIST		
☐ APPLICATION		
☐ APPLICATION FEE		
AND OFF SITE — MUST INCLUDE SIZI OTHER AMPLIFIED NOISE SOURCE(S)	E & LOCATION), LIGHTING, FOOD/B), INCLUDING FIREWORKS, IN RELAT GRESS AND EGRESS LOCATIONS, PARK	EMPORARY STRUCTURES, SIGN(S) (ON SITE EVERAGE SERVING LOCATIONS, MUSIC OR TON TO RESIDENTIAL AREAS, SANITATION ING PLAN, PEDESTRIAN CIRCULATION PLAN
☐ APPLICANT AUTHORIZATION FORM,	IF APPLICABLE	
☐ APPLICANT AUTHORIZATION FORM F	FOR ANY OFF-SITE SIGNS AND/OR PA	RKING, IF APPLICABLE
LICENSES FOR THE SERVING OF FOOI	D AND/OR BEVERAGES, IF APPLICABL	E
INFORMATIONAL: EVENTS THAT PROPO WORKS DEPARTMENT. THEY CAN BE REA		ILL REQUIRE A PERMIT FROM THE PUBLIC
to the best of my knowledge, and ur	nderstand that deliberate misrep pplication and / or revocation of a	ned in this application is true and correct resentation of such information will be ny approval based upon this application. plication.
SIGNATURE OF OWNER/AUTHORIZED (Proof of owner's authorization is required wi		DATE