



**VILLAGE OF PALMETTO BAY
SPECIAL EVENT PERMIT APPLICATION
FOR PRIVATE PROPERTIES**

APPLICANT INFORMATION

Date: _____
 Name of Applicant: _____
 Name of Owner, *if other than applicant* (as applicable): _____
 Address: _____
 Telephone: _____ Fax: _____
 *Contact Person: _____ Mobile No.: _____
 Email Address: _____

**Must be available for the duration of the event, including overnight if applicable*

EVENT INFORMATION

Title of Event: _____
 Purpose of the Event: _____
 Location of Event: _____
 Date(s) of Event: _____
 Time(s) of Event: _____
 Anticipated Peak Hour(s) of Attendance: _____
 Anticipated Attendance (including event crew & participants): _____
 Set-up Date: _____ Clean-up Date: _____

EVENT LOGISTICS

No. & size of tents requested: _____
 No. & size of temporary signs requested: _____
 Event equipment to be used (*include dimensions, staging/platforms, canopies, booths, vehicles, etc...*):

 Check all applicable and provide a description of each item in the space provided:
 Music _____ Fireworks _____ Food _____
 Describe sound equipment to be used (*ie PA systems, microphone speakers, band, DJ, etc...*):

Please include any printed material on the event with your completed application. If temporary structures and/or signs are used, applicants are required to submit applicable plans to the Building & Permitting Department to obtain necessary building permits.

Notice to Applicants: This permit application may be denied or revoked by the Village Manager based on endangerment of the health, safety or welfare of the community, or if found noncompliant with existing zoning requirements. The Village Manager may impose reasonable conditions on the permitted activities as deemed necessary. No special event permits will be approved until all applicable building permits have been issued.

Signature of Property Owner

Date

APPROVAL

Zoning: Approved Denied Reason: _____
Police: Approved Denied Reason: _____
Permitting: Approved Denied Reason: _____

Zoning Department: _____ Date: _____
 Signature

Police Department: _____ Date: _____
 Signature

Village Manager: _____ Date: _____
 Signature