



**Town of Ponce Inlet**  
 Planning & Development Dept.  
 4300 S. Atlantic Avenue  
 Ponce Inlet, FL 32127  
 386-236-2181 (voice)  
 386-236-2190 (fax)

**SPECIAL EVENT PERMIT APPLICATION**  
**Pursuant to Chapter 51 of the Code of Ordinances**

Submittal Date: \_\_\_\_\_  
 Application #: \_\_\_\_\_  
 FEE PAID: \_\_\_\_\_

**APPLICATIONS MAY BE SUBMITTED UP TO 9 MONTHS IN ADVANCE OF THE EVENT, BUT NO LESS THAN 45 DAYS PRIOR TO EVENT DATE.** Please submit the following information with your application:

- \*A site plan of the event area(s) with all applicable information.
- \*If event is on town property, a certificate of insurance showing the town as additional insured in the amount of \$ \_\_\_\_\_ is required.
- \*A completed application for permit for each itinerant merchant (if applicable).

**SECTION 1: EVENT INFORMATION**

Event Location			
Event Name			
Date of Event (Including rain date)		Start Time:	AM/PM
		End Time:	AM/PM
Brief Description of Event			
Reservation fee amount paid (if Town-owned property):		Deposit fee amount paid (if Town-owned property):	

**SECTION 2: APPLICANT INFORMATION**

Event Organizer			
Mailing Address			
Contact Person		Email Address	
Phone Number		Fax Number	

**SECTION 3: ADDITIONAL INFORMATION (Provide on a separate sheet if needed)**

Is traffic control required? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, list locations and provide clear map/plan	Is Amplified sound to be used? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be holding a parade? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, provide a clear map of the parade, including all streets to be closed.	
Will you be using non-contiguous off-site parking? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, provide location and agreement with property owner(s)	
Will you be providing shuttles to transport? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, provide location and route	
Will you be using a private security firm? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, provide name of firm: _____	Will you require additional Police Department assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes, list type of help needed:

**Names of Vendors – PLEASE NOTE: Each vendor must submit a completed Application for Itinerant Merchant Vendor Permit.**

Will fireworks be used? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, a permit must be obtained from the Police Department		Serving alcohol? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, provide liquor license number	
Serving food? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, mark location clearly on site plan	Will food be prepared on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Portable grill being used? <input type="checkbox"/> Yes <input type="checkbox"/> No (Includes all portable cooking devices)	
Will you need additional assistance from the Fire Dept? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, list type of assistance needed:			
Will you require any of the following?			
Public Works Staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	Barricades? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional trash receptacle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Portable restrooms? <input type="checkbox"/> Yes <input type="checkbox"/> No
How do you plan to remove trash and litter during and after the event?			
Will you be placing temporary signs or banners within the Town limits? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, a sign permit must be obtained. See Resolution 2011-03 for regulations. <b>To prevent signs from interfering with public utilities, call Sunshine State One call at 1-800-561-6720 prior to digging for sign installation.</b>			
Will you be using tents or other temporary structures? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, a building permit may be required and a site plan clearly showing the number, location(s), and size(s) must be attached to this application.			
Please explain what tent(s) or temporary structure(s) will be used for.			

I hereby state that the above information is true and accurate to the best of my knowledge. I further understand and agree to any and all conditions and costs of the required permits. I understand that the Town of Ponce Inlet assumes no liability for this event. I hereby agree to defend, hold harmless, and indemnify the Town, at the Town's option, from any and all demands, claims, suits, actions and legal proceedings brought against the Town in connection with this event, whether threatened or otherwise, to the full extent as permitted by the law of the State of Florida. This provision shall survive the term of the Agreement and shall remain in full force and effect until the expiration of the time for the institution of any action at law or equity or administrative action against the Town under either federal law or the laws of Florida.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

STATE OF FLORIDA  
COUNTY OF VOLUSIA

Affirmed and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ (type of ID) as identification.

\_\_\_\_\_  
Notary Public

Notary stamp/seal



The issuance of an Amplified Sound License grants permission to the applicant(s) for the location and type of sound, as per section 34-97 of the Town of Ponce Inlet Ordinances. The Amplified Sound License may be revoked by an agent of the Town of Ponce Inlet at any time. An Amplified Sound License does not waive applicant's responsibility to ensure compliance with all applicable requirements. Applicant(s) agrees to hold the Town of Ponce Inlet, its agents and employees, harmless for any damages that may incur from failure to meet all Town codes.

**CERTIFICATION STATEMENT (As required by Chapter 34, Ponce Inlet Code of Ordinances)**

As applicant, I understand that I shall monitor the use and operation of all amplified sound equipment to ensure that it is operated within the decibel levels permitted by Chapter 34, §34-93, Ponce Inlet Code of Ordinances.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Town of Ponce Inlet Business Tax Receipt holder:  YES  NO  N/A

Fees (License Fee) = **\$50.00** Amount Paid: \_\_\_\_\_

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

**POLICE DEPARTMENT:**  Approved  Denied \_\_\_\_\_

Inspection Required:  Yes  No

Previous violations of sound ordinance?  Yes  No

Comments: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS IS A TWO-PAGE DOCUMENT.  
BE SURE ALL REQUESTED INFORMATION IS PROVIDED!**



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 Planning & Development Dept.  
 4300 S. Atlantic Avenue  
 Ponce Inlet, FL 32127  
 386-236-2181 (voice)  
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**TEMPORARY SIGN ON RIGHT-OF-WAY PERMIT APPLICATION**  
 Pursuant to Article 3, Section 3.30 of the  
 Land Use and Development Code and Resolution  
 2012-03

Submittal Receipt # and Date: \_\_\_\_\_  
 Application #: \_\_\_\_\_  
 FEE PAID: \_\_\_\_\_

Authority to erect temporary signs in the right-of-way is regulated pursuant to Section 3 of the Land Use and Development Code and Resolution 2012-03.

Please Note: Failure to *fully complete* all the applicable items will result in the application being deemed incomplete and no further action will be taken.

<b>SECTION 1: PROPERTY INFORMATION</b>			
Address of Adjacent Property:			
Frontage of lot:			
<b>Written permission of property owner if not applicant?</b>			
<b>SECTION 2: PROPERTY OWNER INFORMATION</b>			
Applicant Name		Mailing Address	
Phone		Fax	
Agent Name/Title		Mailing Address	
Phone		Fax	
Owner's authorization for agent to apply attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>SECTION 3: SIGN DESCRIPTION</b>			
Please provide a description of the proposed sign, including:			
Dimensions of Sign (Maximum of 16 square feet or as otherwise noted in Section 5.6.10): _____			
Maximum Sign Height from grade: _____ Minimum Sign Height from grade: _____			
Location of Sign ( <i>provide two copies of a survey or site plan with location marked, including distance from sidewalk, roadway, building and other signs</i> ): _____			
Type of material used to construct sign: _____			
Date to be posted: _____ Date of removal _____			

<b>SECTION 4: APPLICATION PROCEDURE</b>
Pursuant to Section 3.30.4.D. <i>Sign permit applications</i> , states that a sign permit application for permanent and certain temporary signs shall be prepared and submitted on forms available at the office of the planning and development department. The sign permit application is in addition to any building permit application required by the Florida Building Code.

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate.

\_\_\_\_\_  
Signature of Applicant or Agent

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF VOLUSIA

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_,  
who is personally known to me or who has produced \_\_\_\_\_ (type of ID) as identification.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires:

FOR OFFICE USE ONLY:	
Approved by: _____	Date: _____
Denied by: _____	Date: _____
Reason for denial: _____	
_____	
_____	



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**TEMPORARY BANNER SIGN  
 PERMIT APPLICATION**  
 Pursuant to Article 3, Section 3.30 of the  
 Land Use and Development Code

Submittal Receipt # and Date: \_\_\_\_\_

Application #: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

Authority to erect temporary banner signs is regulated pursuant to Section 3.30 of the Land Use and Development Code.

<b>SECTION 1: PROPERTY INFORMATION</b>			
Address of Property: _____			
<b>SECTION 2: PROPERTY OWNER INFORMATION</b>			
Applicant Name		Mailing Address	
Phone		Fax	
Agent Name/Title		Mailing Address	
Phone		Fax	
Owner's authorization for agent to apply attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>SECTION 3: SIGN DESCRIPTION</b>			
Please provide a description of the proposed sign, including:			
Dimensions of Banner Sign (Maximum of 12 square feet in residential zones and 35 square feet in commercial or public/institutional zones): _____			
Maximum Sign Height from grade: _____ Minimum Sign Height from grade: _____			
Location of Sign ( <i>provide two copies of a survey or site plan with location marked, including distance from sidewalk, roadway, building and other signs</i> ): _____			
Type of material used to construct sign: _____			
Date to be posted: _____ Date of removal _____			

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate.

\_\_\_\_\_  
 Signature of Applicant or Agent

\_\_\_\_\_  
 Date

STATE OF FLORIDA  
 COUNTY OF VOLUSIA

Affirmed and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ (type of ID) as identification.

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 My commission expires:

FOR OFFICE USE ONLY:

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Denied by: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**APPLICATION FOR ITINERANT MERCHANT  
 VENDOR PERMIT IN ASSOCIATION WITH A  
 SPECIAL EVENT PERMIT APPLICATION  
 Pursuant to Chapter 50, Article II, Division 2 of the  
 Code of Ordinances**

Submittal Receipt # and Date: \_\_\_\_\_

Application #: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

THIS APPLICATION IS ONLY FOR AN ITINERANT MERCHANT PERMIT IN ASSOCIATION WITH THE SPECIAL EVENT NAMED BELOW. THE PERMIT, WHEN ISSUED, WILL BE VALID ONLY FOR THE DATE(S) AND TIME LISTED FOR THE SPECIAL EVENT.

**Please Note: Town staff will not be able to accept or process incomplete applications. All requested information must be provided.**

**SECTION 1: EVENT INFORMATION**

Event Name	
Date of Event	
Event Location	

**SECTION 2: VENDOR INFORMATION**

Vendor/Applicant's Name and Date of Birth		Permanent Home Address	
Phone		Full local Address	
Business Name		E-Mail Address	
Phone		Fax	
Municipal Business Tax Receipt Number		County Business Tax Receipt Number	

Briefly describe the nature of the business and the services and/or goods to be sold.

**SECTION 3: ADDITIONAL INFORMATION**

The following information **must also be attached to this application:**

1. A copy of a government issued photo I.D.
2. A statement of any convictions, nolo contendere pleas, or forfeitures for violating any local, state or federal law, excluding traffic fines of \$50.00 or less, the nature of the offense, city and state where offense occurred, the date of the offense and the penalty imposed.
3. Copies of all valid business tax receipts and any applicable permits issues by town and county pursuant to ordinances and Florida law and the name under which the business tax receipt and permits are issued.

