



**Town of Ponce Inlet**  
**Cultural Services Department**  
 4300 S. Atlantic Avenue  
 Ponce Inlet, FL 32127  
 386-236-2163  
 386-322-6717 (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 & Deposit fee amount paid (if Town-owned property):	Estimated Attendance:		

**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? *If yes, list locations and provide clear map/plan	Is Amplified sound to be used?
Will you be holding a parade? *If yes, provide a clear map of the parade, including all streets to be closed.	
Will you be using off-site parking? *If Yes, provide location and agreement with property owner(s)	
Will you be providing shuttles to transport? *If Yes, provide location and route	
Will you be using a private security firm? *If yes, provide name of firm: _____	Will you require additional Police Department assistance? *If yes, list type of help needed:

Will fireworks be used? *If Yes, a permit must be obtained from the Police Department		Serving alcohol? *If yes, provide liquor license number	
Serving food? *If yes, mark location clearly on site plan	Will food be prepared on-site?	Portable grill being used? (Includes all portable cooking devices)	
Will you need additional assistance from the Fire Dept? *If yes, list type of assistance needed:			
Will you require any of the following?			
Public Works Staff?	Barricades?	Additional trash receptacle?	Portable restrooms?
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? *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?  *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

## DEPARTMENTAL APPROVALS

**FIRE/EMS** **Not Applicable**

Approved     Denied     Approved with the following conditions: \_\_\_\_\_  
Cost to Dept.: \$ \_\_\_\_\_  
Signature of Chief: \_\_\_\_\_ Date: \_\_\_\_\_

**POLICE DEPT.** **Not Applicable**

Approved     Denied     Approved with the following conditions: \_\_\_\_\_  
Cost to Dept.: \$ \_\_\_\_\_  
Signature of Chief: \_\_\_\_\_ Date: \_\_\_\_\_

**PUBLIC WORKS** **Not Applicable**

Approved     Denied     Approved with the following conditions: \_\_\_\_\_  
Cost to Dept.: \$ \_\_\_\_\_  
Signature of General Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING DIVISION** **Not Applicable**

Approved     Denied     Approved with the following conditions: \_\_\_\_\_  
Cost to Dept.: \$ \_\_\_\_\_  
Signature of Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

**PLANNING & ZONING DIVISION** **Not Applicable**

Approved     Denied     Approved with the following conditions: \_\_\_\_\_  
Cost to Dept.: \$ \_\_\_\_\_  
Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_

**TOWN MANAGER**

Approved     Denied     Approved with the following conditions: \_\_\_\_\_  
Total Depts. Event Cost: \$ \_\_\_\_\_  
Signature of Town Manager: \_\_\_\_\_ Date: \_\_\_\_\_



Town of Ponce Inlet  
Planning and Development Department  
**Amplified Sound License Application**

Pursuant to Section 34-92 of the Code of Ordinances

**Please Note:** The application must be filled out accurately and completely. Incomplete applications cannot be processed.

License Number Assigned: \_\_\_\_\_ Type of License:  New  Renewal

Town of Ponce Inlet Business Tax Receipt number: \_\_\_\_\_ Valid?  Yes  Expired

**\*Issuance of this License does not waive enforcement of the Ponce Inlet Code of Ordinances, §34-93. License valid *only* between the hours of 11am and 11pm with sound not to exceed 65 db after 10pm.**

If this License request is in conjunction with a *Special Event*, please provide name and date of event:

\_\_\_\_\_  
Name of Event Date of Event

Name of applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's street address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Description of equipment to be used (ie. stereo, band, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Location of equipment (ie. deck, parking lot, inside stage, outdoor stage, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Hours and days of operation of amplified sound equipment (**not** related to a *Special Event*):

SUN	MON	TUE	WED	THUR	FRI	SAT

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: \_\_\_\_\_



Town of Ponce Inlet  
 Planning and Development Department  
**Sign Permit Application**

Pursuant to Article 3, Section 3.30 of the Land Use and Development Code

Permanent Sign-\$75.00

Temporary Sign-\$25.00

Fee Paid: \$ \_\_\_\_\_ Project #: \_\_\_\_\_  
 Please submit all applicable documentation with this application (see attached checklist)  
 Note: The application must be filled out accurately and completely. Incomplete applications cannot be processed.

Authority to approve signs is given to the Director of Planning & Development pursuant to Section 3.30 of the Land Use and Development Code.

**PROPERTY INFORMATION** (where sign will be located)

Property Address	
Tax Parcel Number(s)	

**PROPERTY OWNER INFORMATION**

Name	Cell	
E-mail	Phone	
Mailing Address		
Proof of Ownership Provided:		

**APPLICANT/AGENT INFORMATION** (if not property owner)

Name	Cell	
E-mail	Phone	
Mailing Address		
Contractor Company	Contractor License Number	

Owner's authorization for agent or contractor to apply attached:  Yes  No

**SIGN DESCRIPTION**

Type of Sign:  building  advertising  roof  directory  window  wall  pole  
 marquee/canopy/awning  monument (requires landscape plan)  
 on site  off site  
 double-sided or multi-faced  other (describe) \_\_\_\_\_

Drawing of sign dimensions and elevations, drawn to scale provided?  Yes  No

Maximum height of sign from normal grade: \_\_\_\_\_ Minimum height: \_\_\_\_\_

Total Sign Area (including supports): \_\_\_\_\_ Dimensions of supports: \_\_\_\_\_

Sign Wording: \_\_\_\_\_

Sign Illumination:  
 Type: \_\_\_\_\_ Placement: \_\_\_\_\_ Intensity: \_\_\_\_\_ Hours: \_\_\_\_\_

Light source:  Interior **or**  Exterior  Up-directed **or**  Down-directed

**SIGN LOCATION DETAILS**

**Note: All signs require a recent boundary survey showing proposed location of sign**  
**Wall mounted signs must include façade elevation with dimensions, drawn to scale. Windows and doors and other openings shall be delineated and their dimensions provided.**

Other signs located on this property?  Yes  No Total Number of other signs: \_\_\_\_\_  
Description #1: \_\_\_\_\_ Type of sign: \_\_\_\_\_ Total Surface area: \_\_\_\_\_  
Description #2: \_\_\_\_\_ Type of sign: \_\_\_\_\_ Total Surface area: \_\_\_\_\_  
Description #3: \_\_\_\_\_ Type of sign: \_\_\_\_\_ Total Surface area: \_\_\_\_\_  
Description #4: \_\_\_\_\_ Type of sign: \_\_\_\_\_ Total Surface area: \_\_\_\_\_

- Provide two copies of the following:
- Site plan (with location(s) marked including feet/inches relative to property lines, public rights-of-way, easements, buildings and other signs on the property)
  - Sign specifications
    - including calculation and details
    - signed and sealed by engineer licensed in Florida
  - Applicable wind load and electrical specifications
  - Landscape plan (required for monument signs)

**\$75.00** – Permanent signs not exempt from permitting per LUDC section 3.30.6.B  
**\$25.00** – Temporary signs in public right of way

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 or Property Owner 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 Signature My commission expires:

**FOR OFFICE USE ONLY:**

Planning & Development Review by: \_\_\_\_\_ Date: \_\_\_\_\_

- Approved
- Approved with Conditions (list conditions) \_\_\_\_\_
- Denied (list reason) \_\_\_\_\_



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

**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:

<b>FOR OFFICE USE ONLY:</b>	
Approved by: _____	Date: _____
Denied by: _____	Date: _____
Reason for denial: _____	
_____	
_____	