



TEMPORARY USE APPLICATION

Application fee: \$120
(The City shall waive the fee for non-profit organizations)

Pursuant to the Unified Land Development Code, Section 53-265, a Temporary Use Permit shall be required for long term or promotional events held within the City of North Port. A Temporary Use is defined as any structure or event held in the city that is of a non-permanent nature, having a duration of more than two (2) weeks but less than one (1) year. A Temporary Use Permit is valid for 12 consecutive months from date of issue. This would include pumpkin sales, Christmas tree sales, subdivision sales trailers, storage pods, temporary fence for construction site, temporary parking lot for model homes, construction office trailers, construction storage trailers, temporary fuel tanks, tent revivals, fairs, carnivals, and/or festivals, and other uses as outlined in Section 53-265 of the ULDC regulating temporary uses.

Fill in the information below, and submit, along with the necessary attachments and a non-refundable \$120 application fee, payable to the City of North Port to the **City of North Port Planning Division**, 4970 City Hall Blvd., North Port, Florida, 34286, at least sixty (60) days prior to the event. Payment must be received with application. For questions or additional information call (941) 429-7156. Please note, this application does not supersede any current contract agreement.

EVENT OR TEMPORARY USE INFORMATION

Is this an Event? Yes No Temporary use? Yes No Storage Pod? Yes No

Description: _____

Begin Date: _____ End Date: _____

Location: _____ Expected Attendance: _____

We have authority from: _____ to hold this event or temporary use at the address below:
(a signed and notarized affidavit or letter from property owner authorizing the use of property for the event or temporary use if the applicant/sponsor is not the property owner and shall be submitted with the application).

Address: _____ Parcel ID# _____

APPLICANT

Applicant Name/Sponsor: _____ Non-Profit Yes No (If yes, attach a copy of 501c3)

Daytime Phone: _____ Cell: _____ Email: _____

Event Point of Contact (POC): _____ POC Phone #: _____

Check all that apply and include these items in your narrative and on the site plan

- | Yes | No | |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Alcohol (Attach the Special Alcohol Permit from Department of Alcohol, Beverages and Tobacco)
<i>* Liquor Liability Certificate of Insurance \$1,000,000 Naming the City of North Port as additional Insured and Certificate Holder.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Live animals (Liability insurance with City of North Port as additional insured shall apply) |
| <input type="checkbox"/> | <input type="checkbox"/> | Barricades (If yes, quantity_____ and show placement on site plan) |
| <input type="checkbox"/> | <input type="checkbox"/> | Bounce houses* (If yes, quantity_____ and show placement on site plan) (Liability insurance required) |
| <input type="checkbox"/> | <input type="checkbox"/> | Carnival Rides* (If yes, quantity_____ and show placement on site plan) (Liability insurance required) |
| <input type="checkbox"/> | <input type="checkbox"/> | Cones (If yes, quantity_____ and show placement on site plan) |
| <input type="checkbox"/> | <input type="checkbox"/> | Construction office trailer |
| <input type="checkbox"/> | <input type="checkbox"/> | Construction storage trailer |
| <input type="checkbox"/> | <input type="checkbox"/> | Filming-Production |
| <input type="checkbox"/> | <input type="checkbox"/> | Temporary fence for construction site |
| <input type="checkbox"/> | <input type="checkbox"/> | Cooking (If yes, a copy of the Health Department license is required) |
| <input type="checkbox"/> | <input type="checkbox"/> | Fireworks (If yes, an approved fireworks permit is required with submission of application) |
| <input type="checkbox"/> | <input type="checkbox"/> | Generators |
| <input type="checkbox"/> | <input type="checkbox"/> | Loudspeakers/Outdoor Music (Circle one or both if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Model Home Parking Lot |
| <input type="checkbox"/> | <input type="checkbox"/> | Permanent restroom facilities available? (Show location on site plan) |
| <input type="checkbox"/> | <input type="checkbox"/> | Port-o-Lets (<i>As determined by the Sarasota County Health Department (941) 861-3310</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Road closures or traffic control (<i>Contact Public Works for appropriate signage for road closures (941) 240-8050</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Rerouting of SCAT buses, especially on City property. Applicant to notify SCAT of any changes in routes needed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Recycling bins (If yes, quantity_____ and show placement on site plan) |
| <input type="checkbox"/> | <input type="checkbox"/> | Stage (If yes, quantity_____ and show placement on site plan) |
| <input type="checkbox"/> | <input type="checkbox"/> | Temporary fuel tanks |
| <input type="checkbox"/> | <input type="checkbox"/> | Tents* (If yes, quantity_____ and show placement on site plan) Size _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste containers (If yes, quantity_____ and show placement on site plan) |

**** REQUIRES ALL CLEAR TICKET FROM SUNSHINE STATE ONE CALL FOR DIGGING HOLES TO CHECK FOR UTILITIES. Please call 1-800-432-4770 or 811 and submit the "all clear ticket" with this application. Any damage sustained to underground equipment is at the sole risk and responsibility of the applicant.***

Application Checklist

Before submitting application, please verify that it is complete, and all supporting documents are attached.

Please attach the following with the temporary use application

1.	Narrative	Describe in detail the nature of event or temporary use.
2.	Insurance Requirements	Recipients are required to obtain and maintain commercial general liability insurance in the amount of \$300,000 each occurrence, \$600,000 general aggregate, naming the City of North Port as an additional insured on the COMPREHENSIVE GENERAL LIABILITY POLICY. If additional insurance limits are required, the City of North Port Risk Management Division will determine the limits based on the risk potential.
3.	Site Plan	Detail dimensions, location of all structures, seating, tents, cooking areas, stages, generators, booths, vendors, games, toilet facilities, fire hydrants, ingress & egress patterns, emergency vehicle access, parking, solid waste containers, recycling bins, etc. Include designated handicap accessible parking and accommodations.
4.	Sign Plan	Signs are only allowed on the property on which the event is to be held or on private property with the permission of the property owner. If signs are to be installed, a site plan depicting the exact locations and dimensions shall be included. If signs are larger than 16 square feet a Building Permit is required.

Additional Information

This event or temporary use may require public safety personnel. The need for, and the number of, Fire-Rescue and Law Enforcement personnel shall be at the sole discretion of those agencies. Public safety personnel shall be hired from the City of North Port Fire Rescue District and/or the City of North Port Police Department staff. The costs associated with this service shall be borne by applicant/sponsor. This does not preclude the applicant/sponsor from hiring additional on-site security.

1. If the event or temporary use takes place on city property, it is the responsibility of the applicant/sponsor to leave the grounds and or property in the same condition it was found. This includes any cleanup after the event.
2. Applicant/sponsor understands that additional costs may incur which include but are not limited to the additional use of city personnel, services and or equipment not otherwise specified on the temporary use permit. This would include any damages to city owned property and or equipment if event takes place on city property.
3. If additional costs are incurred, the event applicant/sponsor **shall be billed for such costs and shall be responsible for payment.**

I have read the above and understand that I am responsible for any additional charges which include but are not limited to the use of city personnel, services or equipment that may be necessary for the event or temporary use and such charges shall be billed to me. In addition, all the information provided on this application is true and correct to the best of my knowledge.

Signed by Applicant/Sponsor

Date

Please Print Name



City of North Port

Permit Applicant Release, Waiver, and Indemnification Acknowledgment

In consideration of the City of North Port, Florida (“City”) issuing Special Event or Temporary Use Permit Number _____ (“Permit”) to Applicant for the below-described permitted activity, Applicant hereby agrees as follows:

I, _____ (“Applicant”), for myself, my heirs, and personal representatives, and as authorized representative of and/or as the Event Sponsor, hereby assume all liability, risks, injuries and hazards to myself, and all directors, officers, members, employees, partners, subcontractors, volunteers, and participants, invitees, and guests (collectively the “Participants”) resulting from participation in the permitted activity, and agree to be fully liable for the actions of all Participants and agents of each of them, incidental to, or as a result of, participation in and/or performance of the following permitted activity: _____, taking place on the following date(s): _____.

This Release, Waiver, and Indemnification is given as consideration for the City issuing the above-identified Permit and in further consideration of the City not requiring self-funded liability insurance coverage from Applicant as a condition precedent to issuance of the Permit. The City, in its sole discretion, reserves the right to require that Applicant obtain additional insurance. Applicant freely and voluntarily assumes all risk of loss or injury arising from the permitted activity, whether due to Applicant’s negligence or the negligence or intentional acts of Participants or others. Applicant acknowledges that, absent this Release, Waiver, and Indemnification, the City would not issue the Permit because of unacceptable exposure to civil liability claims or the expense of providing an experience that is risk-free. Applicant has read and understands this document and signs it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which Applicant and/or Participants might otherwise be entitled if Applicant and/or a Participant is hurt or suffers loss during participation in the permitted activity. Applicant understands that this Release, Waiver, and Indemnification is continuing in nature and applies to all incidents that may occur during the permitted activity.

Applicant acknowledges the fact that the permitted activity may have or involve distinct or inherent risks of physical injury or possibly even death, and physical contact or other conditions or factual circumstances where physical or other injuries may occur, due to its nature.

I HEREBY WAIVE, RELEASE, AND AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS, THE CITY, ITS COMMISSIONERS, OFFICERS, AGENTS, AND EMPLOYEES FROM ANY CLAIM, DEMAND, LIABILITY, COST, SUIT, JUDGMENTS, DAMAGES, CHARGES OR COMPENSATION FOR LOSS OR INJURY OF ANY KIND (INCLUDING BUT NOT LIMITED TO REASONABLE ATTORNEYS' FEES AND COURT COSTS, WHETHER SUCH FEES AND COSTS ARE INCURRED IN NEGOTIATIONS, AT THE TRIAL LEVEL OR ON APPEAL, OR IN THE COLLECTION OF ATTORNEYS' FEES), ARISING OUT OF A LOSS OR

AN INJURY, INCLUDING LOSSES OR INJURIES ARISING FROM ANY ACTS, ACTIONS, INACTIONS, OR NEGLIGENCE OF THE CITY, ITS COMMISSIONERS, OFFICERS, AGENTS, OR EMPLOYEES FROM MY AND/OR A PARTICIPANT'S PARTICIPATION IN THE PERMITTED ACTIVITY. I ACKNOWLEDGE THAT THE CITY WILL NOT ASSUME ANY COSTS RELATING TO ANY INJURY THAT OCCURS TO MYSELF OR A PARTICIPANT OF THE PERMITTED ACTIVITY. NOTHING HEREIN SHALL CONSTITUTE A WAIVER OF SOVEREIGN IMMUNITY OR CONSENT BY THE CITY OR ITS SUBDIVISIONS TO A SUIT BY THIRD PARTIES.

Applicant agrees to obey without hesitation, and will instruct all Participants to obey without hesitation, all directives and instructions of the City's Risk Management Coordinator while participating in the permitted activity.

**** YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT. YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT. BY SIGNING THIS DOCUMENT, YOU ARE AGREEING TO ITS TERMS AND STATING THAT YOU HAVE CAREFULLY READ AND FULLY UNDERSTAND THE ABOVE AND ARE SIGNING BY YOUR OWN FREE ACT. ****

Applicant/Event Sponsor Signature

Applicant/Event Sponsor Name

Date Signed

Applicant/Event Sponsor Title

Phone Number

Email

Date Accepted by City

AFFIDAVIT

I (the undersigned), _____ being first duly sworn, depose and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner of the property described and which is the subject matter of the proposed application; that all answers to the questions in this application, and all sketches, data and other supplementary matter attached to and made a part of the application are honest and accurate to the best of my knowledge and belief. I understand this application must be complete and accurate before the application can be processed or hearing can be advertised, and that I am authorized to sign the application by the owner or owners. I authorize City of North Port staff and agents to visit the site as necessary for proper review of this application. *If there are any special conditions such as locked gates, restricted hours, guard dogs, etc., please provide the name and telephone number of the individual who can allow access.*

Sworn and subscribed before me this _____ day of _____, 20_____,

Signature of Applicant or Authorized Agent

Print Name and Title

STATE OF _____,

COUNTY OF _____

The foregoing instrument was acknowledged by me this _____ day of _____, 20_____, by _____ who is personally known to me or has produced _____ as identification.

(Place Notary Seal Below)

Signature - Notary Public

AFFIDAVIT AUTHORIZATION FOR AGENT/APPLICANT

I, _____, property owner, hereby authorize _____ to act as Agent on our behalf to apply for this application on the property described as (legal description) _____

Owner

Date

STATE OF _____,

COUNTY OF _____

The foregoing instrument was acknowledged by me this _____ day of _____, 20_____, by _____ who is personally known to me or has produced _____ as identification.

(Place Notary Seal Below)

Signature - Notary Public