DATE/TIME RECEIVED:

TOWN OF LAKE PARK
SPECIAL EVENT PERMIT APPLICATION

Please read instructions before filling out application.

Please submit application fourteen (14) calendar days prior of proposed event to:

DEPARTMENT OF COMMUNITY DEVELOPMENT
535 PARK AVENUE
LAKE PARK, FL 33403
Telephone: 561-881-3318 Fax: 561-881-3323

Instructions:
Please print legibly using dark ink.
Application must be filled out completely. $75.00 Application fee must accompany application. Non-profit/individual application fee: $25.00 Please note the permit requirements necessary to be attached to application.

Name of Event or Name of Event Organizer:

_____

_____

Address/Location of Event

_____

Detailed description of use (use additional sheet if applicable)

_____

_____

_____

If the event requires a facility rental, please contact 561-881-3338.

Dates/Times of the event:

	Date	Day	Begin Time	End Time
Event Day 1	_____	_____	_____ ( )AM ( ) PM	_____ ( ) AM ( ) PM
Event Day 2	_____	_____	_____ ( ) AM ( ) PM	_____ ( ) AM ( ) PM
Event Day 3	_____	_____	_____ ( ) AM ( ) PM	_____ ( ) AM ( ) PM

Organization(s) Producing Special Event (if applicable):

Name: _____ Name: _____

Address: _____ Address: _____

State/Zip _____ State/Zip: _____

Phone: _____ Phone: _____

Alternate Phone # _____ Alternate Phone # _____

Fax: _____ Fax: _____

E-mail :_____ E-mail: _____

Individual(s) Responsible:

Name: _____ Name _____

Address: _____ Address: _____

State/Zip: _____ State/Zip: _____

Phone: _____ Phone: _____

Alternate Phone # _____ Alternate Phone # _____

Fax: _____ Fax: _____

E-mail :_____ E-mail: _____

Purpose of the event

_____

_____

_____

Estimated number of participants? _____

Has this event ever occurred in the Town of Lake Park? Yes ____ No _____

Has this site had a Special Event Permit this calendar year? Yes ____ No _____

THE FOLLOWING SECTIONS MAY NOT APPLY TO NON-COMMERCIAL EVENTS

Will your event require road closure? Yes ____ No _____

If YES, describe the requested street segment closure and time and provide a traffic circulation plan, including a detour signage plan. You are responsible for notifying affected businesses/entities, including Palm Tran, regarding affected routes:

_____

(Initial to acknowledge statement)

_____

_____

Will the event require the use of electricity? Yes ___ No _____

Will the event require water hook-up? Yes ___ No _____

Describe restroom availability: _____

Will food and/or beverages be served? Yes ___ No _____

Will the event have vendors or concession sales, including food? Yes ___ No _____

If YES, the event organizer is responsible for securing all respective PBC and State of Florida Health Certificates for food vendors, as well as copies of all other commercial vendor licenses.
The event organizer holds full responsibility and liability for vendors. _____

(Initial to acknowledge statement)

Will Palm Beach County Sheriff's Office services be required? Yes ___ No _____

Will Palm Beach County Fire-Rescue services be required? Yes ___ No _____

Will alcoholic beverages be served? Yes ___ No _____

If YES, additional liquor legal liability with a $1million limit is required.

Commercial for-profit and non-profit special events will require a Certificate of General Liability with the following limits:

$1 million per occurrence;
$2 million aggregate;
$100,000 damage to rented premises.

Are you proposing signage? Yes ___ No _____

If YES, please fill out the signage permit application attached. An additional $100 fee is required for signage.

Will the event have an official "Flyer" and/or promotional materials? Yes ___ No _____

If yes, the Town Logo and/or reference is not permitted unless pre-approved by providing a copy of the Flyer. _____

(Initial to acknowledge statement)

Please provide a sketch of the special event site including: Proposed location of parking, tent(s), concession stand(s), booth(s), stage(s), etc. OR provide an attachment:

NOTE: Public parking spaces are first-come, first-serve.

If tents are to be used, a *Certificate of Flame Resistance* must be attached to this Special Event Permit application.

FOR OFFICE USE ONLY

SIGNATURES/APPROVALS:
Please sign and date.

CODE COMPLIANCE OFFICER: _____

MARINA DIRECTOR: _____
(If applicable)

PUBLIC WORKS DIRECTOR: _____

PALM BEACH COUNTY SHERIFF: _____

PALM BEACH CO. FIRE-RESCUE: _____

COMMUNITY DEVELOPMENT DIRECTOR: _____

Comments:

APPLICANT SIGNATURE: _____ **DATE:** _____

ONLY FOR SPECIAL EVENT PERMITS THAT INCLUDE SIGNAGE

TOWN OF LAKE PARK

APPLICATION FOR:

please check off all that applies →

- ☐ **WINDOW SIGNAGE**
- ☐ **TEMPORARY SIGNAGE**
- ☐ **FACE CHANGES** ***(ONLY WHEN PREVIOUS BUILDING PERMIT WAS GRANTED)***
- ☐ **NEW SIGN**
- ☐ **PARKING SIGNAGE**

TOWN OF LAKE PARK
(please print)

PCN#: _____ Permit # : _____

Owner / Tenant / or Authorized Agent **Name**: _____ **Phone # :** _____

Owner or Tenant Street Address: _____ Cell # : _____

City: _____ State: _____ Zip: _____

If Applicable:

Contractor's Name: _____ Phone # : _____

Contractor's Address: _____ Cell #: _____

City: _____ State: _____ Zip: _____

JOB ADDRESS: _____

Estimated Value of Signage: $_____

Description of Signage (***TWO copies of visuals depicting location and size are required***): _____

_____

_____

Applicant is hereby required to obtain a building permit to install signage as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work be performed to meet the standards of all codes, laws, rules, and regulations in this jurisdiction. If the installation has commenced prior to the issuance of a permit, three times the amount owed will be assessed.

ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS
FEES ARE NOT REFUNDABLE

OWNER/ TENANT / AUTHORIZED AGENT AFFIDAVIT ***(owner affidavit required if Tenant signs)***: I certify that the foregoing information is accurate and that all work will be done in compliance with all applicable codes, laws, rules, and regulations governing construction/installation and zoning.

_____ _____ _____
Signature of Property Owner or Authorized Agent Or Tenant* (**Owner Authorization Affidavit Required*) Date **Print Name of Property Owner or Authorized Agent Or Tenant**

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____
_____ who is personally known to me or who has produced _____
As identification and who did not take an oath.

_____
Notary Public

_____ _____ _____
Signature of Contractor **Date** **Print Contractor's Name**

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____
_____ who is personally known to me or who has produced _____
As identification and who did not take an oath.

_____
Notary Public

APPLICATION APPROVED BY _____ **DATE** _____
A COPY OF CONTRACT MUST BE PROVIDED BY CONTRACTOR

Note: This permit is VOID after 180 days OR the time limit set for any individual signage permit, as is determined by the Town Code of Ordinances. All **Contractors** must have valid State Certification or County Competency plus County and City Business Tax Receipts prior to obtaining a permit.

ANY CHANGE IN PLANS OR SPECIFICATIONS MUST BE RECORDED WITH THIS OFFICE. ANY WORK NOT COVERED ABOVE MUST HAVE A VALID PERMIT PRIOR TO COMMENCEMENT OF WORK. IN CONSIDERATION OF GRANTING THIS PERMIT, THE OWNER, TENANT, AND CONTRACTOR AGREE TO ERECT THIS SIGNAGE IN FULL COMPLIANCE WITH THE ZONING

ONLY FOR SPECIAL EVENT PERMITS THAT INCLUDE SIGNAGE

CODES. MOUNTING, ELECTRICAL WORK, AND ANY OTHER BUILDING CODE RELATED WORK IS NOT COVERED UNDER THIS PERMIT; A SEPARATE BUILDING PERMIT IS REQUIRED.

TYPE OF SIGNAGE	FEE
(Window Signage is $50) (Temporary Signage is $100) (All other signage is $100 up to $3000 value or $200 if more)	
_____	$_____
TOTAL AMOUNT DUE	$_____
RECEIPT NUMBER	_____
DATE ISSUED	_____

ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS

FEES ARE NOT REFUNDABLE

OWNER AFFIDAVIT FOR SIGNAGE PERMIT

AUTHORIZING TENANT/AGENT TO APPLY FOR PERMIT

To the attention of the Community Development Department

I, _____ ("Property Owner"), of _____ ("Address"), authorize _____ ("Applicant"), to apply for and receive a signage permit for my property located at _____ . I understand that there will be a minimum of one final inspection required in order to close out the permit and that failure to comply with the requirement will result in an expired permit and Code Enforcement action.

_____
Signature

STATE OF FLORIDA
PALM BEACH COUNTY

SWORN TO OR AFFIRMED before me this _____ day of _____, 20___ .

By: _____ ( ) who has produced as identification
( ) whom I know personally

_____
Notary Public

ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS
FEES ARE NOT REFUNDABLE

OWNER AFFIDAVIT FOR SIGNAGE PERMIT *(if Owner applies for permit)*

*(**NOT** required if a **Contractor** is applying for the permit)*

To the attention of the Community Development Department

I, _____ ("Property Owner"), of _____ ("Address"), acknowledge that I am solely responsible for the signage permit # _____ I am about to receive. I understand that I am taking full responsibility and am liable for all work related to this permit. I understand that there will be a minimum of one final inspection required in order to close out the permit and that failure to comply with the requirement will result in an expired permit and Code Enforcement action.

_____
Signature

STATE OF FLORIDA
PALM BEACH COUNTY

SWORN TO OR AFFIRMED before me this _____ day of _____, 20___ .

By: _____ ( ) who has produced as identification
( ) whom I know personally

_____
Notary Public

ISSUANCE OF THIS PERMIT DOES NOT AUTHORIZE VIOLATION OF DEED RESTRICTIONS
FEES ARE NOT REFUNDABLE