

**CITY OF EDGEWATER
SPECIAL ACTIVITY APPLICATION**

This application must be completed in its entirety and submitted to the Planning Department at least 60-days in advance of the activity. Incomplete applications will be returned to the applicant and may delay approval. **NOTE: SITE PLAN MUST ACCOMPANY THIS APPLICATION**

FEE: \$300/day

_____ Date

Applicant Name: _____

Sponsor/Organization Name: _____

Applicant/Sponsor Address: _____

Address/Location of Event: _____

Local Contact Telephone Number: _____ Emergency # _____

Name of Event: _____

Description of Event: _____

Date(s) of Event: _____ Time(s) of Event: _____

Set-up/Tear down dates: (if needed): _____

Expected Attendance: _____

Will admission be charged? () Yes () No

Will outside live/recorded music or sound amplification be used? () Yes-Hours? _____ () No

Will vendors be at the event? () Yes () No How many? _____

If yes, please check the following that apply:

- _____ Food
- _____ Alcoholic beverages
- _____ Soft drinks
- _____ Arts/Crafts
- _____ Other (specify) _____

What equipment will be required/used? Check all that apply.

- _____ Water
- _____ Electricity
- _____ Barricades (How Many?) _____
- _____ Trash Cans (How Many?) _____

Which of the following will be used?

- Banner
- Booth
- Temporary Tents
- Fireworks/Pyrotechnics
- Temporary Signs
- Canopy
- Amusement Rides
- Portable Restrooms (How Many?) _____
- Other (specify) _____

The following shall accompany this application:

- Plan submitted to reflect location and number of vendors, parking layout, and sanitary facilities.
- A letter stating the applicant acknowledges that they are financially responsible for all additional services provided by the City which may include, but are not limited to the following: trash pick up, utilities, code enforcement, law enforcement, etc.
- The applicant shall post a bond or provide insurance in the amount of \$200,000.00 to hold the City harmless of any and all liabilities.
- Submittal of a listing of all property owners within 500-feet (listing to include names and addresses of all owners and list shall be obtained from the Volusia County Property Appraisers Office). Provide list via e-mail to planning@cityofedgewater.org in dbf format. **Listing printed from the Property Appraisers website shall not be accepted.**

Type of organization:

- Non Profit Tax Exempt # _____
- Charitable Name of Organization or beneficiary _____
- For Profit Federal I.D. # _____ Tax # _____
- Individual SS # _____

If you are requesting City assistance with your event, please describe: _____

Road closures (list street name(s) and date(s) **all streets closed for an event must be reopened within 30-minutes of the end of each day of the event.** _____

The applicant shall comply with all requirements contained in Section 21-37 (Special Activity Permit Requirements) of the Land Development Code and Chapter 10, Article III (Noise) of the City of Edgewater Code of Ordinances.

If sound amplification is associated with this event, I agree to monitor the sound level so that it remains within the limits of the City Code. If valid noise complaints are received, I agree to reduce that noise to a satisfactory level. I further understand that if reducing the noise does not control citizens' complaints, the source of the noise will be terminated.

Signature of applicant: _____ Date: _____

FOR OFFICE USE ONLY

POLICE DEPARTMENT

APPROVED _____ DENIED _____ DATE _____
COMMENTS/CONDITIONS _____

SIGNATURE: _____

FIRE DEPARTMENT

APPROVED _____ DENIED _____ DATE _____
COMMENTS/CONDITIONS _____

SIGNATURE: _____

PLANNING DEPARTMENT

APPROVED _____ DENIED _____ DATE _____
COMMENTS/CONDITIONS _____

SIGNATURE: _____

BUILDING DEPARTMENT

APPROVED _____ DENIED _____ DATE _____
COMMENTS/CONDITIONS _____

SIGNATURE: _____

CODE ENFORCEMENT

APPROVED _____ DENIED _____ DATE _____
COMMENTS/CONDITIONS _____

SIGNATURE: _____

VENDOR INFORMATION SHEET
(copy sheet for additional vendors)

Business Name: _____

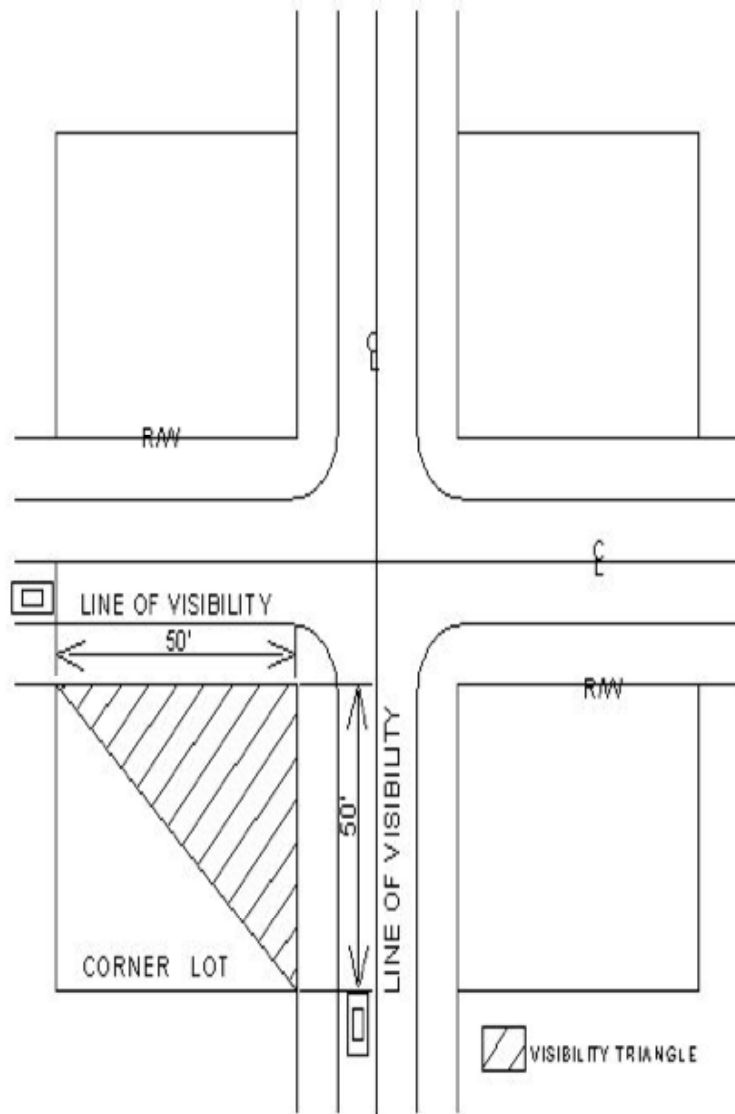
Type of Business: _____

Owner Name: _____

Business Address: _____

Business Phone Number: _____

Please attach a copy of all applicable state and local licenses.



REQUEST FORM

Surrounding Property Owners \$25.00 Pre-Paid Flat Fee (please allow 5 business day for processing)

To be completed by Property Owner or Agent: Date of Request: _____

Tax Parcel Number: _____

Check one below:

1. Adjacent only:

2. Radius: Number of feet needed 500 (ie 100, 300, 500 ft)

Owner or Agent Name: _____

Current Mailing Address: _____

Phone Number: _____ Email Address (required if information is to be sent in electronic format): Planning@CITYOFEDGEWATER.ORG

Owner or Agent Signature: _____ Date _____

Select Desired Format:

Printed List (To be pick-up) Certified Printed List Required? (circle yes if needed) **Yes**

If picking up a printed list, please circle which office you would like to pick up from:

DeLand New Smyrna Beach Daytona Beach Orange City

OR

Check your selection from one of the Electronic Formats below. If an electronic format is chosen, it will be emailed to the email address provided above.

Text (Tab Delimited)

Excel (.xls)

Lotus 1-2-3 (.wks)

Dbase (.dbf)

Please read the disclaimer below and initial. Request will not be processed without customer initials.

DISCLAIMER: Volusia County Property Appraiser and staff are constantly working to provide and publish the most current and accurate information possible. No warranties, expressed or implied are provided for the data herein, its use, or its interpretation. No responsibility or liability is assumed for inaccuracies or errors. Please govern yourself accordingly.

Customer Initials: _____

Forward Request to: Sandy Hulvey, Volusia County Property Appraiser's Office
123 W. Indiana Avenue, Room 102
Deland, Florida 32720 Or FAX 386.740.5179
For questions, please call: 386.736.5903