



Office of Planning and Zoning

Special Event Site Plan

Date: _____

List all Owner(s) of the property: _____

Address: _____ Phone No. _____

Agent's Name: _____

Address: _____

Phone No.: _____ Email Address: _____

Operator's Name: _____

Address: _____

Phone No.: _____ Email Address: _____

Site address of gathering/special event: _____

Date(s) and time of the gathering/special event: _____

What is the purpose of the gathering/special event: _____

How many people will be attending: _____

Please indicate if any of the following criteria apply to the event: Use of Portable Restrooms

Temporary Road Closure*

Pyrotechnics*

Tent or Temporary Structures

NOTE: Please be advised that temporary road closures, pyrotechnics, or attendance by more than 500 person(s) will require the submission of a **Special Event Permit Application.**

Owner or Agent's Signature

Owner or Agent's Signature

State of Florida

County of Lake

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 2021, by _____

Personally Known OR Produced Identification

Type of Identification Produced _____

Notary Signature

(SEAL)

The following items must be submitted with the Special Event Site Plan**:

- A letter from the property owner giving permission for use of the property and indicating that sanitary facilities are available.
- If portable sanitary facilities are being used; please provide a copy of the contract with the company you are renting the portable units from.
- A plot plan that shows the location of all existing structures, septic tank, drainfields and wells, wetlands and water bodies, and the location of all proposed temporary structures, parking areas, sanitary facilities, event areas and ingress/egress points.
- If a tent(s) is used, provide proof that the tent(s) is fire retardant.
- A fee of \$100.00

** The Special Event Site Plan Application must be submitted no later than 30 days from the event date.

To be completed by County staff:	Fee: \$100.00 (SEP)	
Special Event Site Plan # _____ Address #: _____ Alt. Key #: _____		
Zoning: _____ Use of site approved: _____ Yes _____ No		
Do proposed signs comply with LDRs: _____ Yes _____ No _____ N/A		
Do the temporary structures meet the setbacks: _____ Yes _____ No _____ N/A		
Environmental Health review required: ___ Yes ___ No.		
If yes, _____ Date: _____ (name and signature of staff person)		
Public Works review required: ___ Yes ___ No.		
If yes, _____ Date: _____ (name and signature of staff person)		
Public Safety review required: ___ Yes or ___ No		
If yes, _____ Date: _____ (name and signature of staff person)		
Sheriff's Department notified ___ Yes or ___ No. If yes, name of contact: _____		
Staff notes: _____ _____ _____		
_____ Name and Title of Planning and Zoning Staff	_____ Signature of Staff	_____ Date