

**SARASOTA COUNTY**

**TEMPORARY USE PERMIT**

**APPLICATION PACKET**

***PLANNING AND DEVELOPMENT SERVICES BUSINESS CENTER***

**1001 Sarasota Center Boulevard  
Sarasota, FL 34240  
(941)861-6770**

**4000 S. Tamiami Trail  
Venice, FL 34293  
(941)861-3029**

## **Instructions and Information Relative to Temporary Use Permits, Banners & Tents**

*Unless otherwise specified in the Zoning Regulations, the following regulations shall govern temporary uses and tents within Sarasota County.*

Fee: \$140.00 application fee (includes a \$15 Records Retention Fee).

### **Temporary Uses:**

The following temporary uses are allowed in the frequency stated below **except that no property shall have more than FOUR of the events listed:**

<b>Allowed Temporary Uses:</b>	<b>Allowed Time Period:</b>
Commercial Circuses, carnivals, fairs	2 consecutive weeks per year
Temporary Religious/revival activities	2 consecutive weeks per year
Non-profit or charity events	7 consecutive days every 3 months
Sidewalk/tent sales by merchants occupying the premises having a valid C.O.	7 consecutive days every three months
Grand Opening sales	3 consecutive days, once per C.O.
Vehicle shows (RVs, Cars, trucks)	3 consecutive days, twice a year
Other (i.e., community events, neighborhood events, fishing tournaments, outside events at restaurants & bars for special events)	Determined by Zoning Administrator not to exceed 2 consecutive weeks.

Special approval by the County Commissioners may be required, therefore, it is recommended that this application be submitted a minimum of 60 days prior to the event.

Permit application may be deemed incomplete if required supporting information, as outlined in the application, is not received at time of submittal.

Temporary Use Permits may also be issued for the following:

### **Real Estate Sales and Construction:**

A developer may request a temporary use permit (TUP) in any zone district for the necessary commercial, promotional, storage or fabrication activities at the development site, which occur during construction of that developer's project. When the request is for a sales office, model home or apartment, the applicant shall list specifically what is to be sold (i.e., the lots, condominium or apartment units (& total number) or dwelling units (including the specific lots and block of the development). The TUP shall be restricted to **only** those activities and property listed on the application.

The following activities in connection with such a project require a temporary use permit:

- a. Office for sale of real estate for persons engaged in the development.
- b. Construction materials storage, general contractor's business office, processing or fabrication.
- c. Equipment storage.
- d. Model homes or sample apartments (only one of each type offered shall be allowed).

Such activities shall terminate when:

- a. 95% of the lots have been sold or developed; or,
- b. There are five (5) lots left to be sold or developed, whichever is less.

Note: In a phased development, the 95% or five lots (a and b above) shall apply to the phase or unit under development. The office or model shall be relocated to the unit being developed. In cases where a sales office for a phase or unit-type development is located within a clubhouse or other common area type facility not deemed to be a lot, said sales activities within the facility shall terminate when:

- a. 95% of the last phase have been sold or developed; or
- b. There are five (5) lots left to be sold or developed, whichever is less.

### **Tents**

**\*\* You must contact Fire Prevention at (941)861-2290 prior to use. \*\***

Tent permits have been incorporated into the review for Temporary Use Permits. If you are going to put up tents associated with your temporary use event, please check the appropriate box on the Temporary Use Permit Application. All information requested on the application relating to the tent must be submitted with the TUP application.

Tents are required to meet all the requirements of a place of assembly as defined by the Florida Building Code 1019.5. Provide a large scale seating plan showing the number of seats in a row, the number of rows, aisle widths, location of cross aisles (if any), location of exits, and exit illumination, if appropriate. The same will be required for the tent with tables, show the number of tables, the number of seats at each table, the dimension of the space between each table and the aisles.

### **Appeal Procedure:**

Appeal from any administrative decision in approving or denying at Temporary Use Permit may be made by an aggrieved party to the County Commission, who shall hold a public hearing to consider the appeal.

## TEMPORARY USE PERMIT APPROVAL CHECKLIST

**NOTE TO SPONSOR:**

This form must be submitted with your application and returned to the Zoning Office at least **30 days prior to Event**. **\*\*Attach copies of all required documentation as outlined in TEMPORARY USE PERMIT APPLICATION\*\*** Application will be routed to the necessary departments for review and approval as determined by Zoning Office.

Event Date(s) \_\_\_\_\_

Event & Sponsor \_\_\_\_\_

<u>Department</u>	<u>Approved</u>		<u>Date</u>	<u>Authorized Signature</u>
	<u>Yes</u>	<u>No</u>		
<input type="checkbox"/> <b>Zoning</b> Brad Bailey	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> <b>Parks &amp; Recreation</b> Pat Calhoon	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> <b>Sheriff's Department</b> Lt. James Quinn	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> <b>Emergency Services</b> Captain Susan Pearson	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> <b>Fire Marshal</b> John Reed/Don Damron	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> <b>Health Department</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> <b>Transportation</b> (Road Closure, Traffic Impacts)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> <b>Land Development</b> (Right-of-Way Use Permit)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> <b>Natural Resources</b> (Native Habitat, Listed Species)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> <b>Visit Sarasota County</b> Nicole Rissler, Sports Commission	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**TEMPORARY USE/SPECIAL EVENT PERMIT APPLICATION**

**SARASOTA COUNTY**  
**Planning & Development Services Division**  
**1001 Sarasota Center Blvd., Sarasota, FL 34240**  
**Sarasota 941-861-6770 · Venice 941-861-3029**

Permit No. _____
PID # _____
Date: _____
Zoning District: _____

Permit + \$140.00 (non refundable, includes a \$15 Records Management fee)

**Completed application with all necessary attachments is required a minimum of **THIRTY (30) business days** PRIOR to the actual event.**

**Event Categories:** *(Please circle one)* Carnival · Circus · Fair · Bike Race · Run · Parade · Triathlon · Walk Boat/Car Show · Festival · Tournament · Concert · Fireworks Show · Fundraiser · Temporary Sales Office · Tent Sale · Outdoor Display · Restaurant or Bar Outside Event · Grand Opening · Religious or Revival Activity · Other: \_\_\_\_\_

Distance for Bike Race/Run/Triathlon (i.e. 5K, 10K, half marathon, marathon) \_\_\_\_\_

**Organization/Business** \_\_\_\_\_

**Name of Event and Description (if applicable):** \_\_\_\_\_

**Location:** \_\_\_\_\_

**A site plan must accompany this application indicating the following, as applicable:**

- Primary entry and exit by pedestrians and motor vehicles from public roads
- Location of separate points of entry and exit for participants versus general public, vendors and large trucks (if applicable).
- Parking (on-site and off-site), as well as stacking area for vehicle entry. (Vehicle stacking at entry must be in compliance with Section 7.1.14.a. of the County Zoning Ordinance.)
- Location of ticket booths, rides and type of ride, first aid stations, EMS, vendors, restroom facilities, refuse containers, tents and generators (as applicable).
- Location of any sound equipment and/or stages, with distances from any adjacent residential uses.
- Location of any temporary on-site signage and lighting.
- Location of off-site directional signage (if permitted, to include portable light signage).
- Location of any street/sidewalk closures.

County Park: Will the event be held at a County Park? **If yes, approval must be obtained by Parks and Recreation and submitted with this application.**

Are you a Charitable/Non-Profit Organization? \_\_\_\_\_ If yes, FL State Tax Exempt # \_\_\_\_\_  
Please provide a copy of your current 501(c)(3) Certificate with this permit. Certificate included: Y N

**\*\*\*Some events may require County Commission approval, including those within the Right-of-Way and/or on Siesta Key \*\*\***

	Set Up Time	Actual Event Times	Take Down Time
Date: _____	_____ to _____	_____ to _____	_____ to _____
Date: _____	_____ to _____	_____ to _____	_____ to _____
Date: _____	_____ to _____	_____ to _____	_____ to _____

Has this event been held in the past? YES NO If yes, when? \_\_\_\_\_ Actual Attendance: \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Event Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

YES NO

1. **Anticipated Attendance:** Participants \_\_\_\_\_ Spectators \_\_\_\_\_ Volunteers \_\_\_\_\_  
Employees \_\_\_\_\_
2. **Parking:** Will off-site parking be provided? If yes, provide authorization from owner to utilize property.
3. **Streets/Traffic:** Will any street(s) or sidewalk(s) be closed? If yes, provide approved Street Closure Permit. Signs, barricades and traffic control plans will be the responsibility of the applicant and will a review will be required in conjunction with the Sheriff's Office, Emergency Services and Traffic Operations for approval.

**Note: If any traffic will be affected on a State Road (FDOT 941-359-7300) or a County Road (Public Works 941-861-0925), a separate permit must be obtained.**

4. **Banners, Signs, etc:** Will exterior banners, balloons, signs or other types of advertising and directional techniques be used. *(Two 16 s.f. or one (1) 32 s.f. banner allowed).*
5. **Alcoholic Beverages:** Will Alcoholic beverages be sold \_\_\_ consumed \_\_\_ on the premises? *(Please check one or both)* A copy of the Florida Beverages Commission permit is required at the time of application and prior to event approval. **Division of Alcoholic Beverages and Tobacco, 2295 Victoria Avenue, Suite #145, Ft. Myers, FL 33901, or call (239)344-0885 or go to [www.MyFlorida.com/dbpr](http://www.MyFlorida.com/dbpr) for additional information.**

6. **Amplified Sound:** Will there be amplified music or entertainment? If yes, please attach    
Description of entertainment and scheduled time(s) of performance(s). **Sound control levels (County Code Section 54-118 (c) are applicable in the Residential and Non-Residential zoning districts.**  
**\*\*Additional Regulations (5.5.4.10) for Siesta Key Overlay District also apply.**
7. **Fireworks Display:** Has a separate permit been obtained from the Sarasota County Fire    
Department? **\*\*Attach copy of permit to application\*\***
8. **Security:** Will private security be provided to protect exhibits, equipment or facilities    
brought on-site for the event? Name of Company \_\_\_\_\_  
Contact Number: \_\_\_\_\_
9. **Private Property:** Does the applicant own the property where the event is to be held?    
IF NO, please attach a letter of permission from the property owner(s).
10. **Tents/Canopies/Stages:** Will tents or canopies be used? **If yes, indicate on site plan**   
**the size of the tent(s), location, and type of surface on which the tent(s) will be**  
**installed, fire hydrant locations, and intended use of each tent.** For all tents larger  
than 10x20, a flame certificate must be attached along with the name of the company  
providing it if applicable, and a contact person. (Note: If the tent is being used for the  
sale of State approved sparklers, a separate permit shall be obtained from the Sarasota  
County Fire Department **\*\*Please attach copy of this permit\*\*.**)
11. **Generators/AC Units:** Will exterior power generators or air conditioning equipment be    
Operated during the event and from vehicles or trailers?
12. **Food/Cooking:** Will food be cooked\_\_\_\_\_catered\_\_\_\_\_on-site during this event?    
Please provide detail of type of cooking equipment to be utilized during event.  
(Appropriately rated fire extinguishers and proper disposal of grease and refuse will be  
Required **\*\*Please attach copy of fire extinguisher rating certificate\*\*.**)
13. **Refuse Removal/Sanitary Facilities:** *Applicant is responsible for collection and*   
*Removal of all refuse.* Will temporary sanitary facilities be provided? Will additional  
refuse containers/dumpsters be provided? If yes, by whom? \_\_\_\_\_  
**\*\*Please note, a 25% damage/clean-up deposit may be required at County owned facilities\*\***
14. **Rides:** Are rides (i.e., mechanical, electrical, inflatable) to be included in the event.
15. **Native Habitat:** Are there any protected native habitats (e.g., wetlands, hammocks,    
dunes) on-site of the proposed event? An environmental evaluation of the site may be  
required to ensure that protected wildlife are not impacted. Please contact Jim Dierolf  
(941-650-1219) regarding native habitats or Keri Ferenc Nelson (941-232-6788) regarding  
protected wildlife.

**PLEASE ACKNOWLEDGE EACH OF THE FOLLOWING BY INITIALLING NEXT TO EACH:**

1. **Insurance Requirement (excluding private property):** Please provide a Certificate of Insurance for property and liability coverage of the event, naming Sarasota County as an additional insured party. Liability insurance = \$1,000,000 each occurrence, Aggregate = \$2,000,000; Property Damage = \$1,000,000. Proof of insurance must be provided **prior** to permit processing and approval. \_\_\_\_\_

2. **Items due with submittal or no later than 30 business days PRIOR to event (some may not apply):** Site plan, parking plans, alcoholic certificate, current Insurance Certificate, D.O.T. approval, application fee, ROW permit. \_\_\_\_\_

**Non-compliance of any item listed in this permit may result in the denial of current or future event.** \_\_\_\_\_

**Special Notice:** During review by various County Departments, additional conditions may be imposed. This Permit is valid only for the time indicated on this permit. In the event that the applicant fails to fulfill the requirements (as set forth in this permit) or fails to obtain proper authorization to proceed, if conditions have changed, or the expected outcomes, impacts, or conditions are substantially altered, then the permit will be voided immediately by authorized County personnel and denial of future events may occur.

**Applicant Agreement and Waiver of Liability:**

I, the undersigned, on behalf of the applicant, will indemnify, defend and hold harmless, the County of Sarasota, its agents, employees, officers and any and all other associates, from and against any and all actions, in law or in equity, from liability or claims for damages, demands or judgments to any person or property which may result now or in the future from the conduct of this event. The undersigned has read and voluntarily signed the release and waiver of liability and Indemnity Agreement, and further agrees that no oral representations, statements, or inducements apart from the foregoing written agreement have been made. The undersigned agrees to pay all required fees and charges and will abide by all the rules and procedures presented therein and non-compliance may result in denial of current or future events.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Name (Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Property Owner/Registered Agents Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner/Registered Agent (Print)

\_\_\_\_\_  
Phone Number



**For office use only:**

Permit has met all criteria for approval: \_\_\_\_\_  
County Staff Signature Date

Staff  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Florida Department of Health - Sarasota County Application for Temporary Event

Specific Authority: 381.0065(3)(m), FS; 64E-6, 64E-8, 64E-10, and 62-555, FAC

<b>1.</b>	Applicant Name _____	Applicant Mailing Address _____	City / State / Zip _____
<b>2.</b>	Organization Name _____	Organization Mailing Address (if different from above) _____	City / State / Zip _____
<b>3.</b>	Phone Number 1 _____	Phone Number 2 _____	Fax Number _____ E-Mail Address _____
<b>4.</b>	Physical Location of Event _____		City / Zip _____
<b>5.</b>	Event Dates _____		
<b>6.</b>	Hours of Operation _____		Estimated Daily Attendance _____
<b>7.</b>	Description of Events _____		
	Description of Events (continued) _____		

## 8. Potable Water Supply

### Concession Booths

Existing (quantity): \_\_\_\_\_

Portable (quantity): \_\_\_\_\_

With holding tanks: \_\_\_\_\_

Comfort Stations w/  
wash sinks (quantity): \_\_\_\_\_

Other Type: \_\_\_\_\_

Name of Utility: \_\_\_\_\_

## 9. Sewage Disposal

### Sewage Facilities

Privy units (portable  
toilets): \_\_\_\_\_

Holding tanks: \_\_\_\_\_

Number of existing  
restroom facilities on  
sewer: \_\_\_\_\_

Number of existing  
restroom facilities on  
septic tank: \_\_\_\_\_

Name of licensed privy  
service: \_\_\_\_\_

Number of privy units  
proposed: \_\_\_\_\_

If privy units (portable toilets) are provided, a signed contract with the licensed privy service is required which includes event dates, number of facilities required, servicing frequency, and removal dates. One (1) hand wash sink is required for every 10 privy units when food is provided at event.