



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: _____

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

Owner or Agent's Signature

Owner or Agent's Signature

**State of Florida
County of Lake**

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,
by _____, who is personally known to me or who has
produced _____ as identification and who did ____ or did not
____ take an oath.

Notary Public (Signature)

My Commission Expires: _____

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

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	
Do the temporary structures meet the setbacks: _____ Yes _____ No	
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 Growth Management staff	Signature of staff
	Date