

## TEMPORARY PERMIT APPLICATION STRUCTURES IN A COMMERCIAL OR INDUSTRIAL USE (665)

## **City of Okeechobee - General Services Department**

55 SE 3rd Ave, Room 101, City Hall, Okeechobee, FL 34974

Phone: (863) 763-3372 ext. 9821

	'	Phone: (863) 763-3372	ext. 9821	
DATE RECEIVED:		DATE ISSUE	ED:	
APPLICATION NO.:		EVENT DAT	E(S) & TIME:	
FEE: \$175.00		DATE PAID:		
Name of Property Owner(s):				
Name of Property Owner(s):  Address:  Telephone Numbers:				
Telephone Numbers:				
Home:	Work:		Cell:	
Name of Applicant:				
Address: Telephone Numbers:				
Telephone Numbers:	Work:		Cell:	
	VVOIK.		Cell.	
Future Land Use Map Desigation:		(	Current Zoning Designation:	
Legal Description of Property:				
Address of Property:				
Please Explain Type of Use:				
Briefly describe use of adjoining property				
North:		East:		
South: Temporary structures to a comr		West:	and a stand backban an aims	
structure which is an extension subject to the following regulation.  1. Produce proof that it is the 2. Not erect the structure for 3. Meet all required setback located, and all required sigue.  4. Notarized letter of permis	of the existing princions. The applicant see principal use applion more than 15 days and off-street parkin regulations.	ipal use in a com hall: cant's inventory , four times a ye king regulations o	nmercial or industrial distr being sold. ar. of the district in which the	ict, and shall be
5. Proof of liability insurance				r occurrence.
City Staff (Please review the application	, attach comments or sp	ecial conditions).		
Occupational and or State License Verifica	tion:		Date:	
Fire Department Approval:			Date:	
Police Department Approval:			Date:	
Public Works Department Approval:			Date:	
Building Inspector Approval:			Date:	
City Administrator Approval:			Date:	
I hereby certify that the information on this applic False or misleading information may be punishab			thirty days and may result in the summ	
Signature of Applicant			Date	

## CITY OF OKEECHOBEE FIRE DEPARTMENT

## APPLICATION FOR SPECIAL EVENT

Application Number:		Date Received:			
NA	AME OF EVENT:				
AΓ	DDRESS OF EVENT:				
DE	DESCRIPTION OF EVENT:				
	AME OF SPONSOR ORGANIZATION:				
Contact Number before and during event OF RESPONSIBLE PERSON: ( )					
RESPONSIBLE PERSON'S NAME:					
DA	ATE(S) AND TIME(S) OF EVENT:	<del></del>			
		Closing Time:			
	Date: Starting Time:	Closing Time: Closing Time:			
AR	RE ANY ROADWAYS TO BE BLOCKED/CLOSED?				
Local Process Will Type Will Ten	NO, THEN (provide alternatives):	② (circle)  DED? (circle) YES ② ②NO ②  NO ② fire rating posted:			
Are there Fire Extinguishers accessible and ready for use? (circle) Yes No					
	FIRE SERVICES (SERVICES AND ADDRESS OF THE SIZE REQUIRE LIFE SAFETY & FIRE SERVICES Floor plan / seating / setup drawing required shad Emergency access must be maintained. (REFERFICE Fire extinguishers must have current tag, and be Cooking requires LPG outside of tent pointing Electrical wiring exterior rated, not overloaded. Fire Services inspection required. Fire watch or inspector(s) REQUIRED? FIRE Firefighter/Inspector Amount:	square feet or less then no permit is required) nowing exits, etc. RS TO VEHICLES AND EQUIPMENT) e operational and readily accessible. away from exposures.  RE WATCH Amount:  Other:			
	FIRE DEPARTMENT OFFICIAL (PRINT): SIGNATURE:	Please call the FD at 863-467-1586 for any questions.			
	JIONATUKE.	I lease can the 1D at 605-407-1300 for any questions.			