



# Special Activity Permit Application

104 N. Riverside Drive  
Edgewater, FL 32132  
[Planning@cityofedgewater.org](mailto:Planning@cityofedgewater.org)  
386-424-2400 ext. 1502

Fee: \$25.00/day (Under 2,000 attendees) \$200/day (Over 2,000 attendees)

Case No. \_\_\_\_\_

### Required Documents

1. Site Plan reflecting the location and number of vendors, parking layout, and sanitary facilities.
2. Bond or an insurance policy to protect City from liability in form and substance acceptable to City of at least \$500,000 if no on-site alcohol consumption is proposed and \$1,000,000 if on-site alcohol consumption is permitted and/or pyrotechnics are proposed.
3. **Activities with expected attendance over 2,000 only** - Names and mailing addresses of property owners within 500-feet of the event site, as obtained from the Volusia County Property Appraisers Office. Note: Names and addresses printed from the Property Appraisers website will not be accepted. Excel format required if submitting electronically.
4. **Non-Profit and/or Charitable Organizations** – Tax Exempt Certificate or proof of 501c3 status.

### Applicant Information (MUST BE A PERSON)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Sponsor Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Event Information

Name \_\_\_\_\_ Street Address/location \_\_\_\_\_ Date(s) \_\_\_\_\_

Hours of operation \_\_\_\_\_ Set up/tear down dates \_\_\_\_\_ Expected Attendance \_\_\_\_\_

Description of Event \_\_\_\_\_

Outside music/amplification  Yes  No Hours \_\_\_\_\_  
Vendors  Yes  No # \_\_\_\_\_ Type:  Food  Alcohol  Soft Drinks  Arts/Crafts  Other

Which of the following will be used:

Water  Booth  Temporary Signs  Temporary Tents  Canopy  
 Electricity  Banner  Fireworks/Pyrotechnics  Amusement Rides  Barricades

Portable Restroom # \_\_\_\_\_  Trash Cans # \_\_\_\_\_  Other (specify) \_\_\_\_\_

City services requested  Yes  No

Type \_\_\_\_\_ Dates \_\_\_\_\_ Times \_\_\_\_\_

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Road closures requested  Yes  No

All streets closed for an event must be reopened within 30-minutes of the end of each day of the event.

Street Name	Dates	Times

Street Name	Dates	Times

**Disclaimer and Signature**

*This application must be completed in its entirety and submitted to the Planning Department at least 60-days in advance of the activity with an expected attendance over 2,000 or 21-days in advance of the activity with an expected attendance under 2,000.*

*Incomplete applications will be returned to the applicant and may delay approval.*

*I 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.*

*I acknowledge that I am financially responsible for all additional services provided by the City which may include, but are not limited to trash pick-up, utilities, code enforcement, law enforcement, etc.*

*I have read and agree to the terms and conditions set forth in this application.*

Applicant Signature	Date

**Notarized Authorization of Owner (To be completed if applicant is not property owner)**

I/we \_\_\_\_\_ as the sole or joint fee simple title holder(s) of the property described as (address or parcel number) \_\_\_\_\_ authorize \_\_\_\_\_ to act as my agent to seek a Special Activity Permit at the above referenced property.

Owner's Signature	Owner's Signature

STATE OF FLORIDA  
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
(Signature of Notary Public - State of Florida)

SEAL

Personally Known OR  Produced Identification  
Type of Identification Produced

**Vendor Information (attach copy of applicable state and local licenses)**

Business Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ Type of Business \_\_\_\_\_