

PUTNAM COUNTY
PLANNING & DEVELOPMENT SERVICES

2509 Crill Avenue, Suite 300
Palatka, FL 32177
Fax: 386-329-1213
Email: pzb@putnam-fl.gov



Planning & Zoning: (386) 329-0491
Building: (386) 329-0307
Code Enforcement: (386)-329-0317
Website: www.putnam-fl.gov

TEMPORARY USE PERMIT APPLICATION

Date of Application: ___/___/___

TUP #: _____

Applicant Information

Name: _____

Address: _____

City/State/Zip: _____

Phone #: () _____ - _____, () _____ - _____, or () _____ - _____

Florida Sales Tax ID#: _____

Copy of Exemption Certificate Attached Not Applicable

Event Information

Property Owner: _____

Address: _____

Parcel #: _____ - _____ - _____ - _____ - _____

Local Zoning: _____ Future Land Use: _____

Number of people expected? _____

Reason for event: _____

Affidavit of written permission from property owner/manager attached Recorded deed attached Site plan attached

- Alcohol served? Yes No If yes, attach permit from the Division of ABT.
- Food served? Yes No If yes, attach permit from the State of Florida DOH and/or DBPR.
- Tents? Number of tents to be utilized _____. Fire marshal inspection and flame resistant certificate required if cooking under them.

Services

• Electrical hook-up required? Yes No Contractor name and license #: _____

• Building Permit, if required Yes No If yes, permit # _____

• Water hook-up required? Yes No Utility name and appropriate fees, if applicable: _____

-Building Permit, if required Yes No If yes, permit # _____

-FDOH/FDEP Permit, if required Yes No If yes, permit _____

• Sanitation receptacles? (1 recycle and 2 trash per 100 people). Actual number required: _____

• Restroom facilities? Yes No Total #: _____ (Show on site plan)

• Port-o-lets? Yes No Total #: _____ (show on site plan) Name of vendor: _____

• Road closure? Yes No (Show on site plan) All County road closures must be approved by Public Works. All state road closures will require a permit from the Florida Department of Transportation. Location: _____

Permit attached, if applicable

• Parking? Yes No (Show on site plan) There shall be no parking along the public right-of-way. Any off-site parking will require a site plan and an affidavit of written permission from the property owner and/or manager, as well as a recorded deed of ownership. All parking will be in accordance with LDC Article 7, Division 7 to include provisions for handicapped parking. Comments: _____

Affidavit of written permission from property owner/manager attached Recorded deed Site plan attached

• Sound System utilized? Yes No Hours to be utilized? _____

County Amplified Sound Ordinance shall be followed.

Date(s) and Times of the Event

Date of Setup: / /		Date of Tear Down: / /		
Sunday	Start ____:____ am/pm	End ____:____ am/pm	24 Hours	<input type="checkbox"/>
Monday	Start ____:____ am/pm	End ____:____ am/pm	24 Hours	<input type="checkbox"/>
Tuesday	Start ____:____ am/pm	End ____:____ am/pm	24 Hours	<input type="checkbox"/>
Wednesday	Start ____:____ am/pm	End ____:____ am/pm	24 Hours	<input type="checkbox"/>
Thursday	Start ____:____ am/pm	End ____:____ am/pm	24 Hours	<input type="checkbox"/>
Friday	Start ____:____ am/pm	End ____:____ am/pm	24 Hours	<input type="checkbox"/>
Saturday	Start ____:____ am/pm	End ____:____ am/pm	24 Hours	<input type="checkbox"/>

Staffing and Resources

Emergency Services staffing needed (Sheriff and/or Putnam County Emergency Services? Yes No
If yes, please state why: _____

Additional Comments, If any:

For Special Event permits related to Putnam County owned or operated parks, facilities, complexes and fields (not including the fairgrounds), please contact Putnam County Parks and Recreation at (386) 329-1268.

Applicant Name: _____ **Date:** _____

Applicant Signature: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization,

this ____ day of _____, 20____, by _____ who is
(Print Signer's Name)

personally known to me or who has produced _____ as identification.
(Type of Identification)

Notary Stamp

*(Print, Type, or Stamp Commissioned
Name of Notary)*

Signature of Notary Public

Property Owner Name: _____ **(If applicable)** **Date:** _____

Property Owner Signature: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization,

this ____ day of _____, 20____, by _____ who is
(Print Signer's Name)

personally known to me or who has produced _____ as identification.
(Type of Identification)

Notary Stamp

*(Print, Type, or Stamp Commissioned
Name of Notary)*

Signature of Notary Public

TUP Committee Comments (If Required):

Planning and Zoning:

Building Department:

Code Enforcement:

Public Works:

Parks and Recreation:

Emergency Services:

Sanitation:

Putnam County Sheriff's Office:

Florida Department of Health in Putnam County (DOH-Putnam):

Other?

TUP Conditions:

Approval

Denial

If denied, reasons for denial: _____

Executive Director Signature:

Date: