



Town of Loxahatchee Groves

155 F Road • Loxahatchee Groves, Florida 33470 • (561) 793-2418 Phone • (561) 793-2420

TEMPORARY EVENT PERMIT CATEGORY C - SPECIAL EXCEPTION APPLICATION *Permit Application Fee: Varies*

Date Application Received: _____

Fee Receipt No.: _____

Event Name: _____

I. General Data

Parcel Control Number(s):	
Applicant Name:	
Address of Applicant:	
Applicant Email Address:	
Name of Property Owner:	
Address of Property Owner:	
Property Owner Email Address:	
Location of Event:	
Legal Description:	

II. Event Data

Date(s) of Event:	
Hours of Event:	
Brief description of event (attach additional page, if necessary)	
Sponsors:	
Will additional parking be needed?	
Will there be temporary lighting?	
Will there be temporary structures?	
Will there be portable sanitary facilities?	
Insurance	Please provide a copy with the completed application.

**Attachment A: Temporary Event Affidavit
Notarized Affidavit by Property Owner**

I, _____, certify that none of the following activities or facilities will occur on-site for a period exceeding twenty-four (24) hours for the temporary event to be held on _____ (date) on my property located at _____, Loxahatchee Groves, Florida.

1. Signage advertising the event.
2. Temporary buildings, tents or similar structures erected for the event.
3. Temporary electrical, plumbing or similar utility connections.
4. Portable sanitary facilities imported for use during the event.
5. Parking for event participants.

I further certify that:

1. Trash and garbage shall be policed and removed daily.
2. Abutting property owners shall be notified of the event a minimum of ten (10) days in advance of the event.

Signature

Before me the undersigned authority, personally appeared _____ who is personally known by me or has produced _____ to the person described and who executed the foregoing instrument for the purpose therein and is true and correct. Sworn to and subscribed before me this _____ day of _____, 20____.

State of (Florida)
County of (Palm Beach)

Witness my hand and official seal, this day of _____ 20____.

Notary Signature _____
My Commission Expires _____

(SEAL)

Office Use Area

This permit does not become valid until signed by an authorized representative of the Town of Loxahatchee Groves and all fees and receipt acknowledged below:

Planning and Zoning Official

Date: _____

Permit Approved _____ or Denied _____