



# 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: \$61.00**

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**

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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 \_\_\_\_\_