CITY OF GROVELAND

156 S. Lake Avenue
Groveland, FL 34736
(352)-429-2141

ORGANIZATION HEAD QUARTERS
Name:_____
Address:_____
City:_____State:_____Zip:_____
Phone #_____

REPRESENTATIVE
Name:_____
Address:_____
City:_____State:_____Zip:_____
Phone#_____

APPLICANT (If Different):
Name:_____
Address:_____
City:_____State:_____Zip:_____
Phone:_____

Type of Event: Parade _____ Ceremony_____Exhibition_____ Show_____

Concert_____ Demonstration_____ Other_____

Date (s) and time (s) scheduled:_____
_____

Nature and types of activities:_____
_____

Approximate number of spectators and participants:_____

Purpose of special event:_____

Exact location of event:_____

Designation of public facilities or equipment to be used:_____
_____

Number of temporary directional signs:_____ (see attached sign application)

Copy of State Permit if State roadway is used: _____ YES _____NO

For Parade:
Exact location of marshaling and staging area:_____
_____

Time at which units of parade will begin to arrive:_____
Time at which units of parade will be dispensed:_____

Exact route to be traveled shown on attached map: _____ YES _____ NO

Please attach approximate # of person, animals, & vehicles participating with description of types of Animals and vehicles.

Parade will occupy all of the width of the street, roadway, or sidewalk: _____ YES_____NO

For Fireworks:
The following shall be attached to this application:

1) A detailed listing of the type & quantity of fireworks to be used.
2) A detailed written statement outlining all appropriate safety procedures, which will be used at fireworks display in order to protect the safety of the public and all, surrounding property.
3) A detailed written statement describing what facilities and containers will be used to store fireworks.
4) If applicable, applicants federal license # for transporting fireworks across state line; and
5) A detailed list of names, addresses, occupations, and backgrounds of all individuals who will be responsible for the actual display, use or explosion of any fireworks. The backgrounds statement should include a complete history of the experience of the individuals involved with respect to their use to fireworks, including a detailed list and explanation of each and every accident resulting from the use of fireworks, which the individual has been responsible for, or involved in.
6) A map showing exact launches point and area of fallout.

Applicant Signature:_____ Date:_____

_____APPROVED _____ DISAPPROVED _____ Conditions for permit attached

Police Chief:_____Date:_____

_____APPROVED _____ DISAPPROVED _____ Conditions for permit attached

Fire Chief:_____Date:_____

_____APPROVED _____ DISAPPROVED _____ Conditions for permit attached

City Manager:_____Date:_____

City of Groveland
Special Event Sign Permit

Date: _____

Name of Organization: _____

Name of Contact Person: _____

Mailing Address: _____

Phone # of Contact person: _____

Size of Temporary Sign: _____

Date Placement: _____

Date of Removal: _____

Number of Signs to be placed: _____

Location of Signs to be placed: _____

_____

_____

Message on Sign: _____

_____

Approved by: _____

Sign Fee:	$10.00	Up to Six Signs (see attached sheet)
	1.00	For each Additional Sign

Amount
Method of Payment: _____ Cash Check # _____

ARTICLE IV: TEMPORARY SIGNS

4.3 Special Event Signs

Special event signs may be permitted in all non-residential zoning districts, including the mixed use PUD districts pursuant to the following regulations.

1. Special event signs shall be permitted for a maximum of fifteen days and may not be renewed for a period of ninety days. This provision shall specifically apply to shopping centers, office parks and industrial parks.

2. Special event signs for specific events shall be removed within two working days after the conclusion of the event.

4. Special event signs shall not exceed 32 square feet in area and may be double sided.