

EVENT CONTACT INFORMATION

Applicant Name: Scott Coletti
Address: 1 Hibiscus Road
City: Belleair **State:** FL **Zip Code:** 33756
Phone: 727-741-0838 **Email:** scott.coletti@gmail.com

Are you requesting that this event be held (at least in-part) on public property? ☐ Yes ☒ No

Are you the property owner/lessee of the event site? ☒ Yes ☐ No*

** If no, please attach a written letter of consent to use the event site from the property owner*

Are you going to be the primary contact for this event? ☒ Yes ☐ No*

** If no, please provide primary contact information in the section below*

Primary Contact (if different than applicant): Scott Coletti
Role with the Event: Home Owner
Address: 1 Hibiscus Road
City: Belleair **State:** FL **Zip Code:** 33756
Phone: 727-741-0838 **Email:** scott.coletti@gmail.com

Emergency Contact (MUST BE ON-SITE FOR EVENT): Erin Bolton
Role with the Event: Spouse
Phone: 727-808-9977 **Email:** _____

EVENT OVERVIEW

Event Name: Community Party **Date of Event:** 10-5-19
Start Time: 3:00 pm ☐ am / ☒ pm **End Time:** 9:00 ☐ am / ☒ pm
Site Address: 1 Hibiscus Road
Current Zoning of the Subject Parcel: _____
Expected # of Attendees: 50 **Expected # of Vehicles (Including Vendors):** 25

Provide a detailed description of the proposed event below (or attach a separate sheet). Please explain the event's purpose and activities, and describe why the event is requesting exemption(s) from the Code, citing the special relief checkboxes on pages 3 and 4 of this application. Also include an explanation of any measures in place to prevent underage drinking at your event.

The party at 1 Hibiscus Road is an gathering where residents can meet their neighbors or catch up with old ones. Party will be held from 3:00-9:00pm in the backyard.

We are requesting "No Parking" signs on the southbound lane on Hibiscus. All vehicles will be asked to park along curb facing northbound.

We are requesting no assistance from parks & recreation staff and police departments.

Are you going to contract any private security services/officers on-site? ☐ Yes* ☒ No

** If yes, please provide the name of the business and the name(s) and cell phone numbers of the person(s) who will be on-site. Attach additional sheets as necessary.*

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Are you going to utilize any parking services for this event? ☐ Yes* ☒ No

** If yes, provide the name(s) of the vendor(s) below along with company contact information.*

Vendor: _____ Phone: _____

Vendor: _____ Phone: _____

Provide the name(s) of any other commercial vendor(s) contracted for the event:

Kona Ice will be attending for 30 minutes before heading to the Neighborhood Block Party on The Mall

REQUIRED APPLICATION ATTACHMENTS

Unless exempted by the Town Manager, please attach the following documents to this application.

- ☒ **Site Layout:** May be printed out or hand-drawn on an 8.5" x 11" piece of paper or larger.
- ☒ **Parking Plan:** May be printed or drawn on a map that is 8.5" x 11" or larger. Plan must designate space for public safety services access and parking.
- ☐ **Neighbor Input Letters:** Signed letters from at least four (4) neighbors who reside within three lots of the event-site that include a statement of approval or disapproval.

SPECIAL RELIEF DOCUMENTATION

Please mark the categories below for which you are seeking special relief, and attach relevant supporting documents to your application.

- ☐ **Alcohol Licensure (Code Section 6-2):** If requesting to serve alcohol on public property or to sell alcohol, attach all necessary alcohol licensure applications, including State Form ABT 6003.
- ☐ **Noise Mitigation Plans (Code Section 74-484):** If requesting to exceed the noise regulations allowed by Town Code, provide an attached explanation of expected noise impacts, including the nature, duration, and location of any amplified sound.
- ☐ **Sanitary Plans:** If regular on-site restrooms are not sufficient for the event and other accommodations are to be made, provide a written explanation of those plans and include their location(s) on the required site layout.
- ☐ **Special Event Insurance:** Proof of special events insurance coverage if requesting to hold the event on public property, with the Town of Belleair listed as additional insured.
- ☐ **Street Vending:** If planning to contract street vending for this event (i.e. food trucks), attach a letter explaining the vendor's purpose and impact, along with the vendor(s) contact information.
- ☐ **Temporary Signage (Code Section 74-572):** If requesting to place temporary signage in excess of what the Code allows, attach a plan for the signage and a statement of its purpose.
- ☐ **Waste Elimination/Restoration Plans:** If the event will create a level of waste that requires a dumpster or other cleanup not covered by regular pickup, provide an explanation of waste removal.

AUTHORIZATION

By signing below, the applicant certifies that all information provided on this application is complete and correct and that all necessary attachments have been included. The applicant also agrees to the relevant fee schedule set forth by the Town, and assumes all responsibility for any and all damages to public property that may result from the requested event. A violation of any of the permit's parameters, any other sections of the Town's Code, or other relevant laws may result in code enforcement or other legal action.

THE COMPLETION OF THIS FORM DOES NOT CONSTITUTE APPROVAL FOR A SPECIAL RELIEF PERMIT.



Applicant signature

7/24/19

Date

END OF APPLICATION

STAFF WORKFLOW (FOR TOWN USE ONLY)

Date of Application Submission to the Police Department: _____

Received By (Initials): _____ Approved By (Initials): _____

Does the Police Department have any objections to this permit? ☐ Yes ☐ No

If yes, provide an explanation here or attach another sheet: _____

Date of Receipt by Parks and Recreation Department: _____

Received By (Initials): 9-24-19 Approved By (Initials): PA

Does the Parks and Recreation Dept. have any objections to this permit? ☐ Yes ☒ No

If yes, provide an explanation here or attach another sheet: _____

Date of Receipt by Town Manager: 09/27/19

Does the Town Manager have any objections to this permit? ☐ Yes ☒ No

If yes, provide an explanation here or attach another sheet: _____

Date of Commission Decision: _____

☐ Special Relief Permit is **approved***

☐ Special Relief Permit is **denied**

Assessed Fee: _____ Due Date for Fee: _____



Town Manager's signature

Date of approval/denial

**If approved by the Commission, the Police Department will issue a Special Relief Permit to the applicant within three (3) business days. The Police Department will be responsible for enforcing the conditions of the permit before, during, and after the event.*

Site/Parking Plan:

Party- 1 Hibiscus Road



Parking will be along the curb northbound. Request "No Parking" signs from the police department to be placed along the southbound curb.