

**EVENT CONTACT INFORMATION**

**Applicant Name:** Kollin Woodbury  
**Address:** 683 Brookfield Dr  
**City:** Largo **State:** FL **Zip Code:** 33771  
**Phone:** 727 543 0120 **Email:** Kollin.woodbury@icloud.com

Are you requesting that this event is 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):** \_\_\_\_\_

**Role with the Event:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact (MUST BE ON-SITE FOR EVENT):** Ron Woodbury

**Role with the Event:** Father

**Phone:** 727 543 0123 **Email:** Ronald.woodbury@aol.com

**EVENT OVERVIEW**

**Event Name:** Kollin/Jenna Wedding **Event Date:** 3/22/25

**Start Time:** 6:00  am /  pm **End Time:** 8:30  am /  pm

**Site Address:** 8 Pine Cir N Belleair, FL, 33756

**Current Zoning of the Subject Parcel:** \_\_\_\_\_

**Expected # of Attendees:** 20-30 ppl **Expected # of Vehicles (Including Vendors):** 5-6

Provide a detailed description of the proposed event in the space 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 existing Code, citing the special relief checkboxes on pages 3 and 4 of this application:

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 of the vendor, company contact information, and ensure a parking plan is attached.*

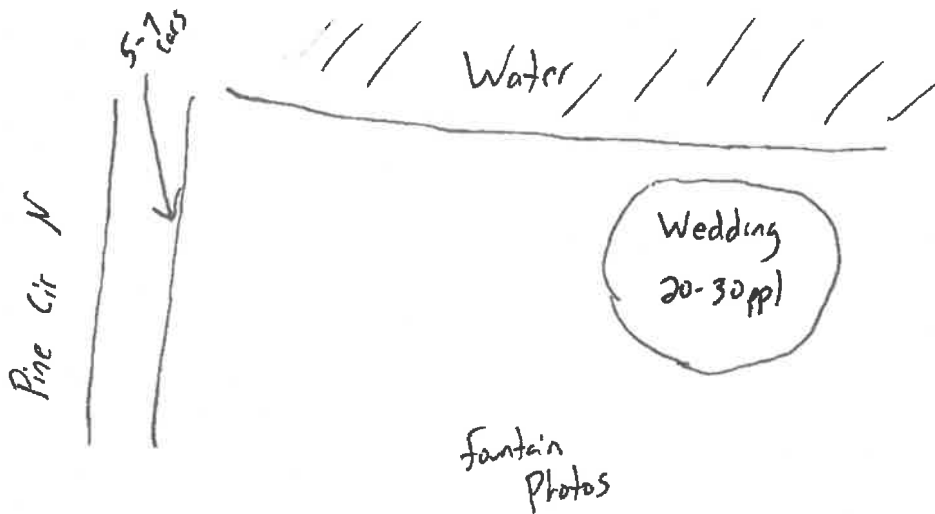
Vendor: \_\_\_\_\_ Phone: \_\_\_\_\_

Vendor: \_\_\_\_\_ Phone: \_\_\_\_\_

Detailed description per page 3:

On March 22, 2025 I am asking that Jenna and I get married at Thompson Park. It is a very special place for her and I, as we first met there, and I proposed to her also. We are wanting a very small (just our family) wedding for sunset. We are inviting 20-30 people. We plan to do a lot of car pooling and do not expect there to be many cars.

### Site layout & Parking Plan



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

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED APPLICATION ATTACHMENTS**

*Unless exempted by Town staff, 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**

*Check any sections below that are relevant for your event and attach relevant documentation.*

- 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 Plan (Code Section 74-484):** If requesting to exceed noise limits, explain anticipated noise impacts, including the nature, duration, and location of any amplified sound.
- Road Closures:** If the proposed event will require the temporary closing of Town roads or other public spaces, attach a map of these closures and an explanation for their necessity.
- 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) in 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 (more than 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.
- Other:** \_\_\_\_\_

**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 damage to public property that may result from the requested event.

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

  
\_\_\_\_\_  
*Applicant signature*

12/10/24  
\_\_\_\_\_  
*Date*

**END OF APPLICATION**

I Lance Newark am okay with Kollin/Jenna to have their wedding at Thompson Park on  
March 22, 2025.

Signature

Address:

9 N. Pine Cir Belleair

I Lorraine C Golomb am okay with Kollin/Jenna to have their wedding at Thompson Park on  
March 22, 2025.

Signature

Address:

7 N. Pine Cir Belleair

I MARILYN DAMINATO am okay with Kollin/Jenna to have their wedding at Thompson Park on  
March 22, 2025.

Signature

Address:

6 N. Pine Circle

**STAFF WORKFLOW (FOR TOWN USE ONLY)**

Police Department Representative: Allison Daniels Date: 12/17

Signature: [Signature]

Estimated Department fees: 0

Does the Police Department recommend approval of this permit?  Yes  No

Notes: \_\_\_\_\_

Public Works Representative: Ryan Womack Date: 12/19/24

Signature: [Signature]

Estimated Department fees: 0

Does the Public Works Department recommend approval of this permit?  Yes  No

Notes: Place "No parking signs" South side of N pine

Finance Department Representative: Michelle Mius Date: 12-16-24

Signature: [Signature]

|                                  |          | Due Date: | Date of Receipt: |
|----------------------------------|----------|-----------|------------------|
| Application Fee:                 | \$ 50.00 |           | 12/12/24         |
| Total Estimated Town Staff Fees: | \$ n/a   | n/a       | n/a              |

Notes: \_\_\_\_\_

Town Manager: Gay Lancaster Date: 12/19/24

Signature: Gay Lancaster

Does the Town Manager recommend approval of this permit?  Yes  No

Notes: \_\_\_\_\_  
\_\_\_\_\_

Date of Commission Decision: January 14, 2025

Special Relief Permit is APPROVED  Special Relief Permit is DENIED

Notes: \_\_\_\_\_  
\_\_\_\_\_

Town Manager Signature \_\_\_\_\_

Date of approval/denial \_\_\_\_\_

**FINAL FEES**

|                                                                          |    |
|--------------------------------------------------------------------------|----|
| Final (Actual) Town Staff Fees:                                          | \$ |
| Initial Amount Due:                                                      | \$ |
| Difference <input type="checkbox"/> Due or <input type="checkbox"/> Owed | \$ |

Due Date for Difference Due or Owed: \_\_\_\_\_ Date of Receipt (If Due): \_\_\_\_\_