EVENT CONTACT INFORMATION Applicant Name: Bridget Starr State: FL Zip Code: 33756 _ Email: Bridget Starr 321@ gmail.com Phone: 4/7 X 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? \(\subseteq \text{Yes} \) * If no, please provide primary contact information in the section below. Primary Contact (if different than applicant): Role with the Event: City: _____ State: ____ Zip Code: ____ Phone: _____ Email: _____ Emergency Contact (MUST BE ON-SITE FOR EVENT): David Stave Role with the Event: (0 - Nos+ Phone: 917.657-6893 Email: David Starv 1105@gmailicon EVENT OVERVIEW Event Name: Clearwater Marine Aquarium Event Date: 10.17.24 Start Time: ____ am / D pm End Time: ____ am / D pm Site Address: 32 Sunset Buy Dr. Bellenir, FL 33754 Current Zoning of the Subject Parcel: Expected # of Attendees: _______ Expected # of Vehicles (Including Vendors): __

Please explain	the event's	s purpose	and activities, ar	nd desc	ribe why the eve	r attach a separate she ent is requesting on pages 3 and 4 of the	
We	will	be	hosting	a	Parlor	Meeting	

We	will be	hosting a	Parlor	Meeti	ns
for The	Clearwate	r Marine	2 /490	7 11001	W-1
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Securi	ng donat	ions, M.	a jovity	o + .	the
event	will tak	e place	11510	e T	ne
home	but que	sts mig	ht V	entre	on
ballov	y, weath	er perv	nitting	¢)	
* If yes, plea	ng to contract any private ase provide the name of t ho will be on-site. Attach	he business and the no	ame(s) and cell μ	□ Yes □ ohone number	No rs of the
Name:		Cell Phone:			
Name:		Cell Phone:			
	ng to utilize any parking vide the name of the vendehed.			☑ No d ensure a pa	rking
Vendor:		Phone:			
Vendor:		Phone: _			

32 Sunset Buy Dr. Sunset Bay 10 Starr Residence (inside) Site Layout * Parking Signs to be placed on one side of *
Street to allow flow of traffic to continue. * Sunset Ban Starr Residence tarking tlan 32 Sunset Buy Dr

Provide the name(s) of any other commercial vendor(s) contracted for the event: Stuffed Mushrown Belleair Market
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

Date

8.31.24

STAFF WORKFLOW (FOR TOWN USE ONLY)

Police Department Representative: Allison Do	unicls Date:	09/10/24			
Signature: 4 WD					
Estimated Department fees:					
Does the Police Department recommend approval of this p	ermit? Yes 🗆 No				
Notes:					
Public Works Representative: Rysn Womack	Date: _	9/5/24			
Signature: Thy Wmwl	***				
Estimated Department fees:					
Does the Public Works Department recommend approval of	of this permit? Yes	□ No			
Notes: Will Place "No Boking Signs" 9/00	ng South side	of			
Sunset Bay prior to event.					
Finance Department Representative: Any Lock	kart Dat	te: 9/10/24			
Signature:					
	Due Date:	Date of Receipt:			
Application Fee: \$50.00	9/9/24	9/9/24			
Total Estimated Town Staff Fees: \$					
Notes:					

Town Manager: Gay Lange	Date: 9/15/2
Signature:	castro
Does the Town Manager recommend approval	of this permit? Yes No
Notes:	-
Date of Commission Decision:	
Special Relief Permit is APPROVED	Special Relief Permit is DENIED
Special Rener Foliate is ART ROVED	Special Rener I claim is DENIED
Notes:	
Town Manager Signature	Date of approval/denial
INAL FEES	
Final (Actual) Town Staff Fees:	\$
Initial Amount Due:	\$
Difference Due or Owed	\$
D . 0 D100 = -	
ue Date for Difference Due or Owed:	Date of Receipt (<i>If Due</i>):

Cheryl Franzese

Town of Berleair, There is an event My noishbur 15 hosting actiber 17, 2024 232 Sinses Bay Onve, Belland From 6:00 - 8:00 pm. We are happy that the Starris Spport community Catherras and happenings. of curse who this we take no issue with this evertt. Chilfranslik 33 Sinst Bay On ve Bellow 727-744-4-182

To Whom it May Concern:

I am aware of the Starr's planned party on October 17, 2024 from 6:00-8:00pm, and that they are expecting approximately 75 guests. I have zero objections and write in support of the event. I live at 34 Sunset Bay, 2 doors to the east. Any questions or comments, please do not hesitate to contact me.

Sincerely,

From Cludia Cerulla 2 Craig Penk
address: 16 Sunset Bay Dr. Belleaire, Il 33756
Date: October 1, 2024
To: Whom it May Concern
We Columbia Com. Mr. 1 Graia Pant
approve the event flow The Polecimater
marine accuarium. It's to raise
awareness for their new Bapital
Campaign to be held at 32 Luneit Bay Dr.
We blunde benefy I Graig Pent, approve the event for The Clearmater Marine aquarium. It's to raise awareness for their new Capital Campaign, to be held at 32 Luneil Bay In. on October 17, 2024.
Dincerelly,
Mudefull
dnol
Mythe -

Belleair

PH: 727-588-3769

TXN: 253184236635 ATH: 009097

DT: 2024-09-09 08:10:35

ACCT: A011 \$50.00

TOKEN Bridget Starr

-----SUB-TOTAL: \$50.00 FEE: \$2.00 TOTAL: \$52.00

SIGNATURE

All payments are final