

EVENT CONTACT INFORMATION

Applicant Name: Silver Coffee - Stephanie Wheeler
Address: ~~646 Poinsettia Road~~ 646 Poinsettia Road
City: Belleair **State:** FL **Zip Code:** 33756
Phone: 727.452.4037 **Email:** StephanieWheeler00@gmail.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: Committee Member
Address: 646 Poinsettia Road
City: Belleair **State:** FL **Zip Code:** 33756
Phone: 727.452.4037 **Email:** StephanieWheeler00@gmail.com

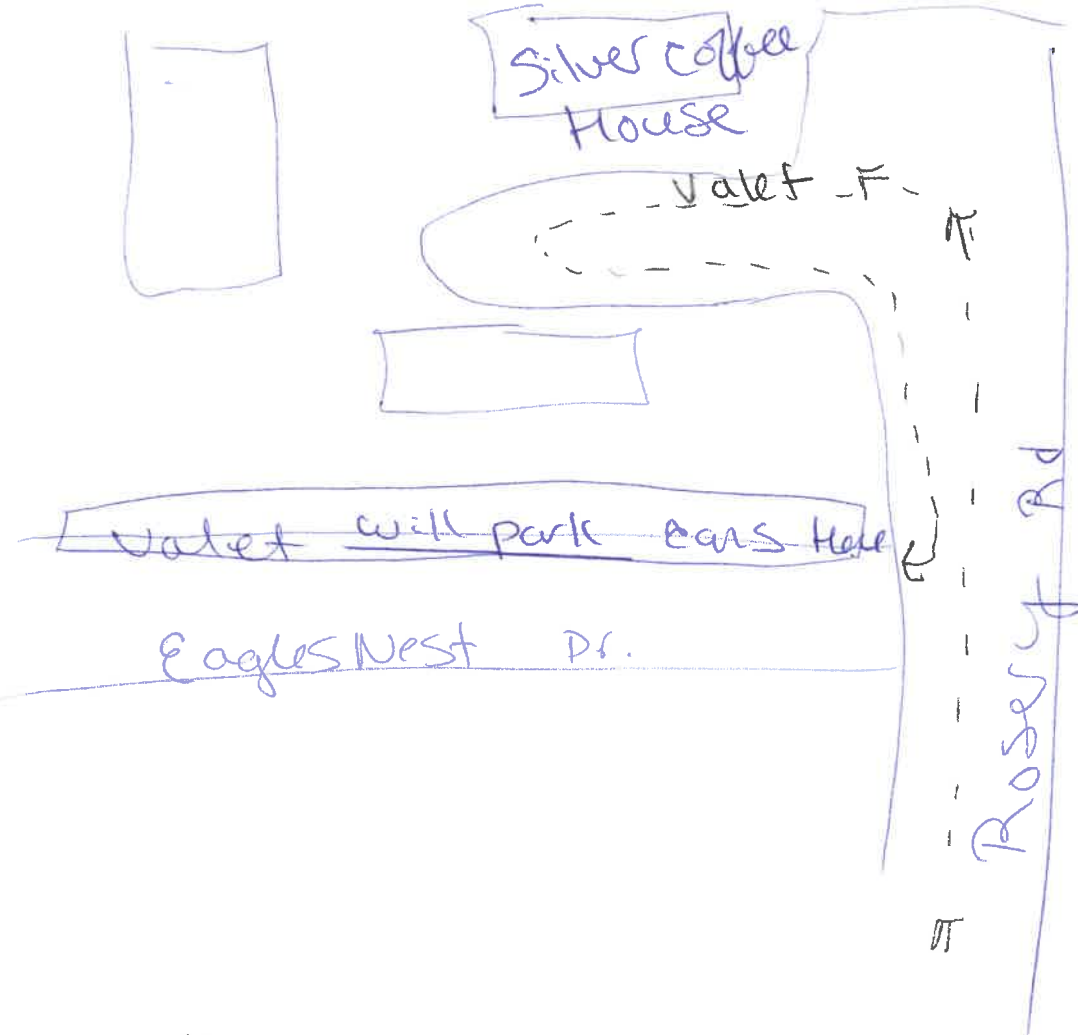
Emergency Contact (MUST BE ON-SITE FOR EVENT): Hillary Wahlbeck

Role with the Event: Committee member-chair
Phone: ~~727.452.4037~~ 727.459.0849 **Email:** ~~StephanieWheeler00@gmail.com~~ floridahil@gmail.com

EVENT OVERVIEW

Event Name: Silver coffee **Event Date:** 11-08-24
Start Time: 6:00 am / pm **End Time:** 11:00 am / pm
Site Address: One Harborside Drive
Current Zoning of the Subject Parcel: Residential
Expected # of Attendees: 120 **Expected # of Vehicles (Including Vendors):** 50

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: Safeway Parking Enterpr. Phone: 813.842.1242

Vendor: _____ Phone: _____

* We encourage ride share or carpool 3

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. *Tailored Thru's will have a portable bathroom trailer on homeowners property (877-218-9698)*

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.

Stephen E. Wheeler
Applicant signature

8/6/2024
Date

END OF APPLICATION

Silver Coffee Parking Plan



Valet drop off

Valet will park cars here (20-50 cars expected)

From: Marilyn Connelly marilyn@connelly.org
Subject: Silver Coffee
Date: Aug 12, 2024 at 2:26:32 PM
To: stephaniewheeler00@gmail.com

Dear Silver Coffee Committee,

We are honored to host the Silver Coffee this year at our home at One Harborside Drive in Belleair. This wonderful event that benefits the Children's Home Society has raised thousands of dollars for this worthwhile cause.

Thank you so much,
Marilyn and John Connelly



Stephanie Wheeler <stephaniewheeler00@gmail.com>

Silver coffee support

1 message

erin.schardt@gmail.com <erin.schardt@gmail.com>

Thu, Aug 15, 2024 at 8:38 AM

To: Stephaniewheeler00@gmail.com

Please find my support to have 2024 diver coffee near my residence:

Dear Town of Belleair, we are giving our support and consent for the Silver Coffee event occurring on November 8, 2024 at [1 Harborside Dr., Belleair](#).

Thank you,

Erin Schardt

Senior Vice President and General Manager

Vitrolife Group

Mobile: 1 727 424 7916

E-mail: eschardt@vitrolife.com

www.vitrolifegroup.com

From: Sarah Venezia sarahvenezia@gmail.com
Subject: Silver Coffee
Date: Aug 7, 2024 at 11:42:59 AM
To: stephaniewheeler00@gmail.com

Dear Town of Belleair,

We are giving our support and consent for the Silver Coffee event occurring on November 8, 2024 at 1 Harborside Dr., Belleair.

Thank you,

Sarah Venezia
205 Rosery Road, Belleair, FL 33757

Sent from my iPhone

From: Grace Miller michmiller23@gmail.com
Subject: Childrens home society fundraiser 11/8/24
Date: Aug 13, 2024 at 7:53:57 AM
To: stephaniewheeler00@gmail.com

This is grace miller, 4 harborside drive Belleair. I am giving permission for Marilyn Connelly, 1 Harborside drive Belleair to host the Childrens Home Society of Florida fundraiser at their home 11/8/24.

Sent from my iPhone

From: Liz Phillips phillipsliz@gmail.com
Subject: Silver Coffee 2024
Date: Aug 12, 2024 at 7:26:16 PM
To: stephaniewheeler00@gmail.com
Cc: Marilyn Connelly marilyn@connelly.org

Hi Stephanie,

Paul and I gladly give our permission for the 2024 Silver Coffee to be held at the home of Marilyn and John Connelly on 8th of November.

Liz Phillips
34 N Pine Circle
Belleair, FL 33756

Liz Phillips
[727-460-0904](tel:727-460-0904)

STAFF WORKFLOW (FOR TOWN USE ONLY)

Police Department Representative: Allison Daniels **Date:** 08/27/24

Signature: 

Estimated Department fees: 0

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

Notes: _____

Public Works Representative: Ryan Womack **Date:** 8/27/24

Signature: 

Estimated Department fees: 0

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

Notes: Public Works will add "No parking Signs" prior to the event.
Will add them to Eagles Nest Dr, Garden Cir, N pine Cir.

Finance Department Representative: Amy Lockhart **Date:** 8/27/24

Signature: 

		Due Date:	Date of Receipt:
Application Fee:	\$ 200.00	8/20/24	8/20/24
Total Estimated Town Staff Fees:	\$ 0	/	/

Notes: _____

Town Manager: Gay Lancaster Date: 8/27/2024

Signature: Gay Lancaster

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

Notes: _____

Date of Commission Decision: 9/17/24

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:	\$ 0
Initial Amount Due:	\$ 0
Difference <input type="checkbox"/> Due or <input type="checkbox"/> Owed	\$ 0

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