

EVENT CONTACT INFORMATION

Applicant Name: Sandy Stroyne Molly Fowler
Address: 319 Roebeling Rd N
City: Belleair State: FL Zip Code: 33756
Phone: 727 439 2622 Email: mollymacstower@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): Sandy Stroyne
Role with the Event: Primary Contact / Coordinator
Address: 322 Roebeling Rd N
City: Belleair State: FL Zip Code: 33756
Phone: 727 698 9896 Email: sandystroyne@live.com

Emergency Contact (MUST BE ON-SITE FOR EVENT): Sandy Stroyne
Role with the Event: Emergency Contact / Coordinator
Phone: 727 698 9896 Email: sandystroyne@live.com

EVENT OVERVIEW

Event Name: Block Party Date of Event: 04/14/2024
Start Time: 3:00 am / pm End Time: 9:00 am / pm
Site Address: 319 Roebeling Rd N - 323 Roebeling Rd N and
Current Zoning of the Subject Parcel: Single Family Residential 64
Expected # of Attendees: 80 Expected # of Vehicles (Including Vendors): 0 street

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 existing Code, citing the special relief checkboxes on pages 3 and 4 of this application:

Neighborhood Block Party - get together for neighbors / food / fun / possibly a band for two hours. We would like to close Roebling Rd N from (at the furthest west point) 319 Roebling Rd N through and not including Overbrook. Houses impacted (5)* are all in agreement and will be in attendance.

- * Fowler - 319
- Gretford - 320
- Stoyne - 322
- Mills - 323
- Shelly - 330

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: _____

Vendor: _____ Phone: _____

neighbors only will go in attendance - will walk to event

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

None

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

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) 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.

None needed - homeowners in front of site will roll their recycling and trash bins down for use by attendees.

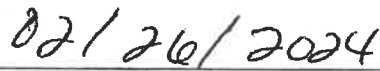
AUTHORIZATION

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.

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



Applicant signature



Date

END OF APPLICATION

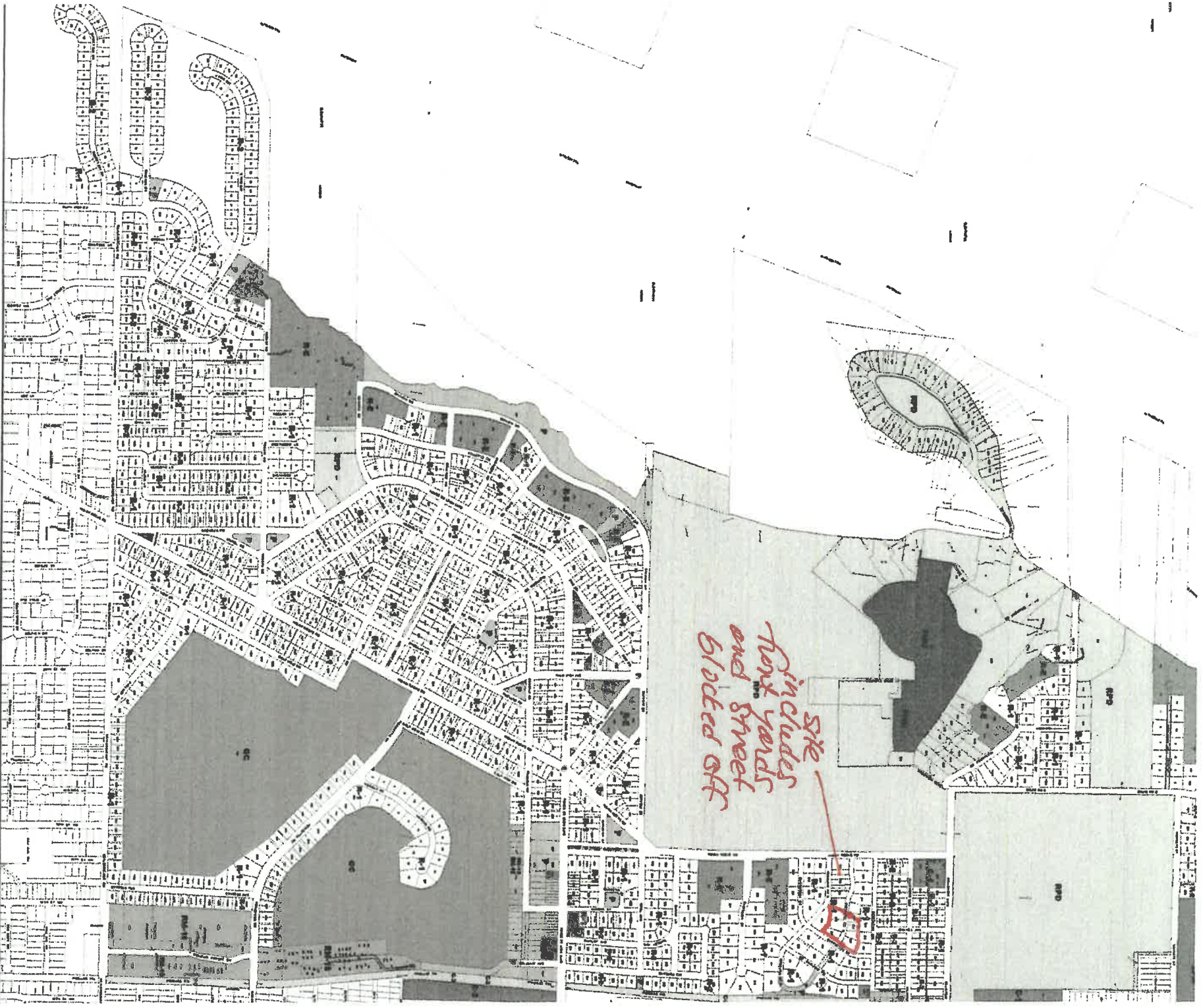
TOWN OF BELLEAIR

OFFICIAL ZONING MAP

Zoning Districts

Legend

■ PLANNED MIXED USE (PMU)

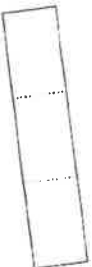


Parking plan -

now

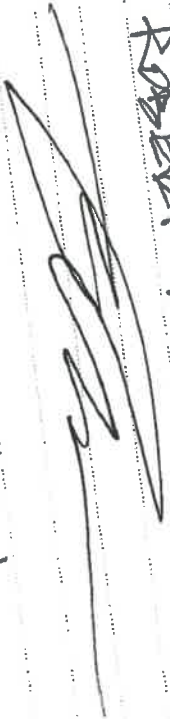
Neighbors will be asked
to wait to event and
told there will be no where
to park

Road Closure - as shown on Behr
Zoning Map. Will not impede anyone
from getting into their driveway as
road closure will be only in front
of the homes of attendees/planners.
Necessity: allows safety of those at
gathering, especially children.



WE, ROBERT & ELIZABETH MILLS,
APPROVE SANDY STRONG'S
SPECIAL RELIEF PERMIT
APPLICATED FOR APRIL 14, 2024.
WE REALIZE THAT THIS REQUEST
IS NO CLOSE THE STREET
IN FRONT OF OUR RESIDENCE.

ELIZABETH MILLS
Elizabeth Mills

ROBERT MILLS


222 ROBERTA RD. N
124. ALI 70098
BERRY MILLS @TAMMBAUGHOR.COM

To whom it may concern:

Feb 29,2024

Karen Mathieson and Tom Shelly live at 330 Roebling Rd No. We are aware that a neighborhood event is scheduled to take place near our house on April 14,2024 at 3PM. We understand that the street in front of /or near our house will be blocked off for a period of time that day. We are supportive of this neighborhood event.

Sincerely,

Karen Mathieson

A handwritten signature in black ink that reads "Karen Mathieson". The signature is written in a cursive style with a long horizontal stroke at the end.

Tom Shelly

2/26/2024

Karen Mathieson

330 Roebling Rd North

Belleair, FL 33756

ksuemath@gmail.com

727-643-9608

To: Town of Belleair

I/we approve Sandy Stroyne's special relief permit application request for April 13, 2024 and I/we realize that the request is to close the street in front of my/our residence. Thank you for your consideration and approval for this event.

Signed:

Karen Mathieson 

February 29, 2024

To whom it may concern,

My name is MOLLY & STEVE FOWLE and I live at 319 ROEBLING RD N. I am aware that a neighborhood event is scheduled to take place near my house on April 14, 2024, starting at 3pm. I understand that the street in front of/or near my house will be blocked off for a period of time that day. I am supportive of this neighborhood event.

Sincerely,

A handwritten signature in black ink, appearing to read "Molly & Steve Fowle". The signature is written in a cursive, flowing style with a large loop at the end.

Belleair Resident

2/27/24

Katie and Andrew Gelfand
320 Roebling Rd N
Belleair, FL 33756

To: Town of Belleair

We, Katie and Andrew Gelfand approve the special relief permit application request for April 13, 2024 and we realize that the request is to close the street in front of our residence. Thank you for your consideration and approval for this event.

Katie and Andrew Gelfand



Katie Gelfand

STAFF WORKFLOW (FOR TOWN USE ONLY)

Date of Receipt by the Police Department: 03/04/24

Received By (Initials): AWD

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

Notes: _____

Date of Receipt by the Recreation Department: 3/4/24

Received By (Initials): KFB

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

Notes: _____

Date of Receipt by the Public Works Department: 3/4/24

Received By (Initials): RTW

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

Notes: _____

Date of Receipt by the Town Manager: 3/4/24

Signature: Way Lancaster

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

Notes: _____

Date of Commission Decision: 3/12/24

Special Relief Permit is approved Special Relief Permit is denied

**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.*