

Application No. \_\_\_\_\_

City of Hallandale Beach  
Planning and Zoning Division  
400 South Federal Highway  
Hallandale Beach, FL 33009  
Phone (954) 457-2220 Option 4  
Fax (954) 457-1488  
email SSewel@coHB.org



## TEMPORARY USE-SPECIAL EVENT AUTHORIZATION

**A BUILDING PERMIT and associated inspections may be required to assure the safe use of a property or portions thereof for assembly and/or of those temporary structures occupied.**  
**[www.coHB.org/BuildingPermits](http://www.coHB.org/BuildingPermits)**

This checklist is for the convenience of the applicants and the City to ensure basic submission information is provided. Applicants are responsible for submitting required documents and adhering to the requirements of Ordinance 2014-11. Failure to provide any listed items shall result in an incomplete application which will not be accepted by the City. The completeness of the submittal will be determined by staff.

Submission Checklist	
	SUBMITTED
1. Application has been fully completed, including full address, location and legal description of the subject property.	
2. Cover Letter providing a full description of the proposed use, including specific dates, hours of operation & legal description of the property, etc.	
3. Survey or site plan depicting the proposal, detailed location, available parking, existing structures, proposed temporary structures, proposed signage, sanitary facilities and existing or proposed lighting, operational plan, etc.	
4. A notarized statement signed by the owner of property authorizing the proposed use.	
5. If the event is held on City property, a Certificate of insurance naming the City as additional insured must be provided.	

**Please submit 45 days prior to Event; or**  
**Please submit 60 days prior for event requiring City Commission approval; or**  
**Please submit 30 days prior for outdoor sales**

## Application Details

Date of Application Submission: \_\_\_\_\_ Folio #: \_\_\_\_\_  
(Broward County Property Appraiser (BCPA) Property ID No.)

Date(s) of event \_\_\_\_\_ Hours of operation \_\_\_\_\_ am/pm To: \_\_\_\_\_ am/pm

Type of event \_\_\_\_\_

Location/Subject Property: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agent's Name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of event \_\_\_\_\_

Description of proposed event: \_\_\_\_\_

Is the applicant the owner of the property:

Name of property owner: \_\_\_\_\_

*\*If owner of property is other than the applicant, a notarized statement by the property owner authorizing the proposed use must be attached to this application.*

Estimated Daily Attendance: \_\_\_\_\_

Amount of off-street parking provided: \_\_\_\_\_ (specify on site plan) Number of Vehicles: \_\_\_\_\_  
*Must obtain decal for staff and crew by production company*

Temporary structures to be erected (Select all that apply):  Tents  Stages  
*Refer to the Building Division for Premise Permit information: (954)457-1382*  Portable toilets  Other:

Generator Use: What Size? \_\_\_\_\_

Restroom Facilities provided:

Lighting available:

Type of special event signs, banner or decorations: \_\_\_\_\_

Will this event require road closure?

Location of Road closure: \_\_\_\_\_

*County roads → Broward County Transit: (954) 357-8300, State roads → Florida Department of Transportation: (954)555-5555, City roads →Engineering Dpt. ext #1601*

Was this event advertised \_\_\_\_\_ (If yes, means of advertisement. Attach copy of advertisement.)

Type of Food Service to the Public: \_\_\_\_\_

Will alcoholic beverages be served?

Will Police Service be requested?

Will Fire Protection Services or Emergency Medical Services be requested?

Do you have Commercial General Liability Insurance?

If so, in what amount? \_\_\_\_\_

**Individual responsible for providing additional information regarding this application:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

***"I swear or affirm under penalty of perjury as provided for in Florida Statutes that the foregoing information is true to the best of my knowledge."***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

Sworn to and subscribed before me at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Personally know \_\_\_\_\_

or produced ID \_\_\_\_\_

Type of ID produced \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public

Submit completed application with support documentation to [SSewel@coHB.org](mailto:SSewel@coHB.org) or in person at Hallandale Beach City Hall, 400 S Federal Hwy, Monday - Thursday 7:30am - 5:00pm