



TEMPORARY USE & SPECIAL EVENT APPLICATION

CITY OF LABELLE, FLORIDA

APPLICATION NUMBER: TU20__ - ____ (Assigned by City)

DATE RECEIVED: _____

- 1. APPLICANT:** _____
(Person or entity conducting the use or event)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone Number: _____ Home Phone Number: _____

Fax number: _____ Email: _____

- 2. PROPERTY OWNER:** _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone Number: _____ Home Phone Number: _____

Fax number: _____ Email: _____

NOTE: The application must include all pertinent information (Name, address, phone numbers, etc.) for all owners of land affected by this application. If the space provided above is not sufficient to list all of the owners then, the additional information must be provided on a separate sheet(s).

- 3. SPECIFIC LOCATION OF SUBJECT PROPERTY AFFECTED BY THIS APPLICATION:**

Tax Parcel I. D. #: _____

Site Address: _____

City: _____ State: _____ Zip Code: _____

6. APPLICANT'S REQUEST (Proposed Temporary Use/Event Information.):

Event Date: _____ **Event Hours:** _____

7. THE FOLLOWING ITEMS ARE REQUIRED TO COMPLETE THE APPLICATION AND MUST BE ATTACHED:

____ **Completed Temporary Use Application Form**

____ **Affidavit of Ownership and Agent Authorization:** The name of all parties having interest in the subject property and certification that the applicant is authorized to sign the application as owner or authorized agent.

____ **Area Location Map:** The location of the subject property indicated on a Map or an aerial photograph. This map shall reference known major streets and geographic features with sufficient clarity as to be recognizable by the general public.

____ **Legible Site Plan:** Drawing demonstrating right-of-way to be vacated on 8-1/2" x 11" paper with legible text showing all data pertinent to the proposed vacation, including at least the following:

1. Date of drawing
2. Scale
3. North arrow
4. Location of proposed uses
5. Location of existing structures
6. Location of access point(s) from adjacent roadways
7. Location of Parking areas

____ **Letters of No Objection:** Letters from Hendry County Sheriff's Office; Hendry County EMS; and City of LaBelle Fire Department

____ **Application Fee:** Check made payable to "City of LaBelle" with fee per adopted Fee Schedule.

APPLICANT SIGNATURE (Signed by Owner, Authorized Representative or Agent – See Affidavits)

Applicant Name (Print)

Applicant Signature

AFFIDAVIT

I, _____ certify that I am the owner or authorized representative of the property described herein, and that all answers to the questions in this application and any sketches, data or other supplementary matter attached to and made a part of this application, are honest and true to the best of my knowledge and belief.

Signature of owner or authorized agent Date: _____

Print or type name of person signing above

Name of owner/agent entity if a corporation, L.L.C., partnership, or trust

Representative capacity of person signing Affidavit:
President or Vice President of Corporation, Managing
Member of L.L.C., General Partner, or Trustee

STATE OF _____
COUNTY OF _____

The foregoing instrument was sworn to (or affirmed) and subscribed before me on _____ (date) by (name of person providing oath or affirmation), who is personally known to me or who has produced _____ (type of identification) as identification.

NOTARY PUBLIC STAMP/SEAL:

Signature of Notary Public

Printed Name of Notary Public

AGENT AUTHORIZATION

The undersigned to hereby swear or affirm that they are the fee simple title holders and owners of the record of property commonly known as _____
And legally described in Exhibit A attached hereto.

We hereby designate _____ as the legal representative of the property in the course of seeking approval of this application. This representative will remain the only entity to authorize development activity until such time as anew or amended authorization is delivered to the City.

_____ Date: _____
Signature of owner or authorized agent

Print or type name of person signing above

Name of owner/agent entity if a corporation, L.L.C., partnership, or trust

Representative capacity of person signing Affidavit:
President or Vice President of Corporation, Managing
Member of L.L.C., General Partner, or Trustee

STATE OF _____
COUNTY OF _____

The foregoing instrument was sworn to (or affirmed) and subscribed before me on _____ (date) by (name of person providing oath or affirmation), who is personally known to me or who has produced _____ (type of identification) as identification.

NOTARY PUBLIC STAMP/SEAL:

Signature of Notary Public

Printed Name of Notary Public

ATTENTION

This application must be completed (please type or legibly print) and resubmitted, with all requirements herein, to the Superintendent of Public Works, City Hall, City of LaBelle. This application must be filled out completely and must be signed by the owner or his designated agent. If the applicant is different than the owner of the subject property, then an agent affidavit in a form approved by the City is required from the owner of the property that is requesting the vacation. The agent affidavit must be completely filled out and submitted with this application. If the property is in multiple-ownership, then all of the owners or their designated agent(s) must sign this application. All owners of property that will be affected by this application must either sign this application or fill out an agent affidavit.

This application will be reviewed by City staff for completeness and their approval. The applicant is fully responsible for researching and knowing any and all laws, which may be applicable and affect the outcome of the any decision on the application request. The City assumes no responsibility or liability relating to the failure to research and know all applicable laws including, but not limited to, state, federal and city laws, codes, land development regulations or the adopted comprehensive plan.