



Osceola County Temporary Tent Application

Osceola County Board of County Commissioners
Community Development Department
1 Courthouse Square, Suite 1400
Kissimmee, FL 34741
Phone: (407)742-0200
Specialpermits@osceola.org

Application No.: _____
Date Received: _____

Submittal Checklist

- Property Owner Authorization
- Proof of Ownership
- Legal Description
- Fire Retardant Certificate
- Site plan showing:
 - Lot Dimensions,
 - Location of Temporary Tent (with all details of set-up),
 - Setbacks of set-up from property and right-of-way lines, Driveways, and any existing site Improvements
- Application Fees
Zoning & Code Enforcement \$115.00
Fire \$36.00
Fire Inspection \$65.00

***Please Note:**
Any sign placed on tents must be permitted separately

Note: Tents and signs must meet all applicable building and fire codes: they shall require separate electrical permits if electrical hookups will be used. Please contact the Building Department for further information regarding electrical permits at (407)742-0200.

In accordance with Chapter 3, Article 3.8, Section 3.8.1.O.11 of the Osceola County Land Development Code, authorization for a Temporary Tent is issued to:

Business/Applicant

Business Name: _____
 Applicant: _____
 Email: _____ Phone: _____
 Parcel Number: _____
 Address of Tent: _____
 Type of Event: _____
 Dates of Event: _____
 Description of Tents : () Open Canopy () Sidewalls
 Area of Placement: () on pavement () on gravel () on grass
 Number of Tents : _____

Property Owner

Name: _____
 Email: _____ Phone: _____

Contractor (If tent is being placed by a contractor include the following)

Name: _____
 Email: _____ Phone: _____

Type/Print Name of Applicant Date

Signature of Applicant

***Fire Inspection Information:** In accordance with N.F.P.A. 101 (New Assembly Occupancies) and N.F.P.A. 102 (Tents), all tents must have Certification of Fire retardation posted and require an inspection by the Osceola County Fire Marshal **PRIOR TO SHELTER USE OR LIVE OCCUPANCY**. Failure of the tent or site to be approved by the Fire Marshal shall render this permit null and void. A 24-hour notice must be given to the Fire Marshal to schedule an inspection. It shall be the responsibility of the applicant to schedule the inspection. **Please contact the Fire Marshal's office at (407)742-6700 for further information and to schedule inspections.**

FIRE MARSHAL APPROVAL: _____ Date: _____

For Office Use Only

Date of Issuance: _____
 Effective Date: _____
 Expiration Date: _____
 Zoning Approval: _____

OSCEOLA COUNTY AGENT AUTHORIZATION FORM

I/we, as the owner(s) of real property in Osceola County, Florida, which is described below do hereby authorize the following person or persons to act as my/our agent to execute any petitions, applications, or other documents necessary to affect the application approval requested and more specifically described below, and to appear on my behalf before any administrative or legislative body in the County concerning the application(s) and to act in all respects as my/our agent in matters pertaining to the requested application(s).

Agent Information [PLEASE PRINT]

Name(s): _____
Company: _____
Phone: _____ Email: _____

Requested Application(s): _____

Subject Property [PLEASE PRINT]

Address: _____
Parcel ID(s): _____
Legal Description: _____
_____ See Attached

Property Owner(s) Information [PLEASE PRINT]]

Property Owner Name(s): _____
Address: _____
Phone: _____ Email: _____

SIGNED AUTHORIZATION

DATE SIGNATURE PRINTED NAME OF PROPERTY OWNER

DATE SIGNATURE PRINTED NAME OF PROPERTY OWNER

STATE OF FLORIDA
COUNTY OF OSCEOLA

The forgoing document was (or affirmed) and subscribed to before me this _____ day of
20____ by _____ who
is personally known to me or who produced _____ as
identification.

Public Notary Seal:

Signature of Notary
Notary # _____
My Commission Expires: _____