

**CITY OF TARPON SPRINGS, FLORIDA**  
**Temporary Use Application**

Return to:  
Planning & Zoning Department  
324 E. Pine Street  
Tarpon Springs, FL 34689  
(727) 942-5611

(Please type or print clearly)

**Property Owner(s)**

Name		Email	
Address			
City		State	Zip
Phone	Fax	Cellular	

**Applicant**

Name		Email	
Address			
City		State	Zip
Phone	Fax	Cellular	

**Agent (if applicable)**

Name		Email	
Address			
City		State	Zip
Phone	Fax	Cellular	

**General Information**

Project Name
Property Location or Address
Legal Description (attach additional sheets as necessary)
Tax Parcel Number(s)

**Land Use & Zoning Information**

Existing Designations of Property

Land Use Category: \_\_\_\_\_ Zoning District: \_\_\_\_\_

**General Information**

Temporary Use Requested: (briefly describe)

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Length of Time Requested: (90 days max.) \_\_\_\_\_ from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yy mm dd yy

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The following is an excerpt from the City's Comprehensive Zoning and Land Development Code regarding temporary use applications.

§ 56.00 TEMPORARY USES.

- (A) All requests for temporary use permits shall require prior approval from the Technical Review Committee (TRC) prior to the issuance of a building permit.
- (B) All temporary structures shall comply with the requirements of the applicable building codes.
- (C) Temporary structures are not required to comply with the district setback requirements.
- (D) All requests for temporary use permits shall be accompanied by a plot plan or survey showing the nature of the activity and temporary improvements involved, and a time period for which the permit is requested.
- (E) Adequate utility, drainage, refuse management, emergency services and access, parking, and similar necessary facilities and services shall be available for the use. Sanitary facilities shall be approved by the Pinellas County Health Department in writing.
- (F) Special Events on public property or right-of-way shall be processed in accordance with the requirements of Chapter 12.5 Article II of the City of Tarpon Springs Code of Ordinances.
- (G) Unless specified otherwise by this Code, no temporary use permit shall be issued for more than a 90-day period.
- (H) Upon a showing of unusual circumstances, the City Manager or his/her designee may grant one extension of the original approval period. No further extensions will be permitted.

**The following MUST be furnished with this application: [incomplete applications will not be accepted]**

- Completed original application with digital copies of all application documents**
- \$100.00 application fee
- Property survey including legal description, signed and sealed by a professional land surveyor
- Proof of ownership (warranty deed, title certification, etc.)
- Site or Sketch Plan showing the nature of the activity and temporary improvements involved and their relationship to existing uses and structures on the property
- Approval of sanitary facilities from the Pinellas County Health Department, if applicable
- Flame spread certification (for tents only)
- If for Construction Trailer, please note above whether there will be plumbing or electrical service used in the trailer.

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**AFFIDAVIT**

I (we), the undersigned, certify ownership of the property within this application, that said ownership has been fully divulged, whether such ownership by contingent or absolute, and that the name of all parties to an existing contract for sale or any options are filed with this application.

I (we) certify that \_\_\_\_\_ is (are) duly designated as the agent(s) for the owner, that the agent(s) is (are) authorized to provide subject matter on the application contained herein, whether verbal or written, and appear at any public hearing(s) involving this petition.

AGENT

I (we) assent to the City's Comprehensive Plan as it applies to the property. Further, it is understood that this application must be complete and accurate and the appropriate fee paid prior to processing.

Date: \_\_\_\_\_ Title Holder/Property Owner: \_\_\_\_\_

Date: \_\_\_\_\_ Title Holder/Property Owner: \_\_\_\_\_

Date: \_\_\_\_\_ Title Holder/Property Owner: \_\_\_\_\_

Date: \_\_\_\_\_ Title Holder/Property Owner: \_\_\_\_\_

**STATE OF FLORIDA**            )  
**COUNTY OF PINELLAS**        )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20 \_\_\_\_  
by \_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did (did not) take an oath.

PROPERTY OWNER NAME PRINTED

NOTARY PUBLIC

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

Signature: \_\_\_\_\_

Stamp: