

# **Development and Growth Management Development Coordination Division**

# INSTRUCTIONS FOR APPLICATION – SPECIAL USE 1 (SU1) SPECIAL EVENT VENDOR

Please be aware that these instructions are provided as a guide to assist you in submitting your application online in the City's Accela Citizen Access system. Application guidelines are derived from Chapter 27 Zoning and City Policy.

### PLEASE READ INSTRUCTIONS THOROUGHLY

It is recommended that you contact a representative of Development and Growth Management (DGM) at <a href="mailto:TampaZoning@tampagov.net">TampaZoning@tampagov.net</a> or (813) 274-3100, option 2, prior to submitting your application to ensure that you receive the correct guidance for your needs.

Per <u>Section 27-132</u>, the SU1 Special Event Vendor application is required for City of Tampa sanctioned special events and the vendor shall adhere to the following:

- The vendor may not impede the safe flow of people and vehicles during use of the vendor site;
- The vendor must obtain all applicable city, county and state licenses and permits and must display them in plain view. If applicable, the vendor must also display an event authorization tag issued to the vendor by the event sponsor;
- The vendor must clear the vendor site of all litter and debris after use;
- The vendor shall be prohibited from selling or distributing any type of glass container; and,
- Time limit: An approved vendor may operate during the event hours only. The vendor may prepare the specific vending location on the property beginning no more than two (2) hours prior to the special event. Furthermore, the vendor must be cleared from the property no later than one (1) hour after the end of the event.

The SU1 Special Event Vendor application requires the following information in accordance with Section 27-127:

- A full and accurate description of the proposed use;
- A detailed boundary description of the area receiving the special use permit, and a graphic (sketch) that depicts the boundaries. The graphic must delineate "north," identify street names, and identify any structures on-site with dimensions;
- The name and address of the property owner;
- The name and address of the applicant, if different from the owner.

### Submittal of an Electronic Application

- The application must be submitted online through the City's Accela Citizen Access (ACA) system at aca.tampagov.net.
- All information in Accela marked with an asterisk must be completed via the online form.
- All information requested or required by the application such as the owner/agent affidavit, any exhibits, a survey, or a site plan must be uploaded into Accela into the electronic record.

#### <u>Fees</u>

- Application (record) fees will be assessed through the Accela system when the application is accepted by staff.
- Fees are determined by City Council by resolution.
- Fees are payable online via MasterCard, VISA, American Express or Discover or through e-check.
- Personal checks and cash are not accepted.

**Note:** Please check the Plat, Survey, Title Policy and all other documentation relating to your property prior to any application for design and construction. The City of Tampa and its staff DO NOT review for compliance with individual private deed restrictions and covenants.

1 Revised 6/2021



# SPECIAL USE 1 (SU1) SPECIAL EVENT VENDOR

# AFFIDAVIT TO APPLY FOR A ZONING CODE RELATED APPLICATION and AUTHORIZED AGENT FOR AN APPLICATION TO THE CITY OF TAMPA

Multiple authorizations may be necessary if there is more than one property owner. APPLICATION/RECORD NUMBER:

PROPERTY (LOCATION) ADDRESS(ES):				
FOLIO NUMBER(S):				
"That I am (we are) the owner(s) and record title holder(s) of the pro	pperty noted herein" Property Owner's Name(s): _*			
"That this property constitutes the subject of an application for the	SPECIAL USE 1 (SU1) SPECIAL EVENT VENDOR ."			
I, THE UNDERSIGNED APPLICANT/AGENT, HEREBY CERTIFY THAT ALI COMPLETE AND HEREBY AUTHORIZE AND ALLOW REPRESENTATIVE REVIEW FOR THE ABOVE REFERENCED REQUEST. IF MY PROPERTY IS REQUEST FROM THE CITY. I ALSO CONSENT TO THE POSTING OF A SOF A PETITION FOR REVIEW.	S OF THE CITY TO ACCESS THE PROPERTY UNDERGOING S GATED, I WILL PROVIDE ACCESS TO THE PROPERTY UPON			
"That this affidavit has been executed to induce the City of Tampa, Florida, to consider and act on the above described application and that the undersigned has(have) appointed and does(do) appoint the agent(s) stated herein as his/her(their) agent(s) solely to execute any application(s) or other documentation necessary to affect such application(s)" (if applicable).  AGENT'S NAME:				
The undersigned authorizes the above agent(s) to represent me (us) and act as my (our) agent(s) at any public hearing on this matter (if applicable).				
The undersigned authorizes the above agent(s) to agree to any conditions necessary to effectuate this application. Both owner and agent must sign and have their names notarized.				
STATE of FLORIDA COUNTY of	STATE of FLORIDA COUNTY of			
Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this day of, 202_, by	Sworn to (or affirmed) and subscribed before me by means of physical present or online notarization, this day of, 202_, by			
Printed Name (Owner) Signature	Printed Name (Agent) Signature			
Signature and Stamp of Notary Public	Signature and Stamp of Notary Public			
Personally known or produced identification:	Personally known or produced identification:			
Type of identification	Type of identification			

\* If the applicant/owner is a corporation, trust, LLC, Professional Association or similar type of arrangement, please provide documentation from the corporation, trust, etc., indicating that you have the ability to authorize the application.



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# SPECIAL USE 1 (SU1) SPECIAL EVENT VENDOR – SITE PLAN INSTRUCTIONS

If your application requires submittal of a Site Plan or graphic (drawing), the plan should be drawn to-scale, i.e., to an engineer's scale such as 1' = 10'. The request will be evaluated based on compliance with the Tampa Comprehensive Plan in addition to the appropriateness of the plan based on the requirements of Chapter 27 and other applicable land development regulations.

If the Zoning Administrator or designee grants the request, the plan is binding upon the owner and his/her successors in title. Use of the property shall only occur in strict conformance with the approved plan. Any proposed changes are subject to the approval of the Zoning Administrator.

## **Required General Information**

- North Arrow, legend, scale.
- Total acreage of the site.
- Total area.
- Total floor area ratio and total building square footage, if applicable.
- Business hours of operation (if applicable).

### **Existing Conditions**

- Approximate location, size, and type of existing trees, water bodies, vegetation and other significant natural features.
- Name, location and width of all existing street and alley rights-of-way, within or adjacent to the site.
- Existing type and width of pavement on all streets and alley within or adjacent to the site.
- Location, width and use of all easements within or adjacent to the site.

See Example attached.

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# SPECIAL USE 1 (SU1) SPECIAL EVENT VENDOR REQUEST

(Indicate reason for request)

#### PROPOSED SPECIAL USE (DRAWING):

-Name, location, and width of existing street and alley rights-of-way, adjacent to the site.

-Width of existing pavement on all streets and alleys adjacent to the site.

-Location, width and type of all easements adjacent to the site.

-Clearly show the property boundaries of the parcel(s) involved in the special use.

-Location, size, height and use of all proposed temporary structures.

-Existing and proposed building setbacks

-Location and dimension of existing and proposed driveways, and parking areas include typical parking space.

-Existing and proposed parking lot landscaping.

-Approximate location and size of significant natural features such as trees, lakes, etc.

MAP:

# LOCATION

## LEGAL DESCRIPTION:

- Address
- Folio Number
- Square Footage

#### **GENERAL NOTES:**

EGEND:			

Case No.: Da	te:
Case No.: Da	te:

**Zoning Administrator** Certified Date



-Firm's name and address scale on drawing - Revision block. - Drawing data.

State

-The site plan must be to scale. Show North arrow.

TITLE BLOCK;

Project name and location.

THIS EXAMPLE FOR GENERAL INFORMATION ONLY

36" MAX