

**PUTNAM COUNTY  
PLANNING & DEVELOPMENT SERVICES**

2509 Crill Ave., Suite 300  
Palatka, FL 32177  
Fax: (386) 329-1213  
Email: pzb@putnam-fl.com  
Website: main.putnam-fl.com



Planning: (386) 329-0491  
Zoning: (386) 329-0316  
Building: (386) 329-0307  
Animal Control (386) 329-0396  
Code Enforcement (386) 329-0317

**TEMPORARY USE PERMIT APPLICATION**

Date of Application: \_\_\_/\_\_\_/\_\_\_

TUP #: \_\_\_\_\_

**Applicant Information**

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

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

City/State/Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ - \_\_\_\_\_, ( ) \_\_\_\_\_ - \_\_\_\_\_, or ( ) \_\_\_\_\_ - \_\_\_\_\_

Florida Sales Tax ID#: \_\_\_\_\_

Copy of Exemption Certificate Attached  Not Applicable

**Event Information**

Property Owner: \_\_\_\_\_

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

Parcel #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Local Zoning: \_\_\_\_\_ Future Land Use: \_\_\_\_\_

Number of people expected? \_\_\_\_\_

Reason for event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Affidavit of written permission from property owner/manager attached  Recorded deed attached  Site plan attached

- Alcohol served? Yes  No  If yes, attach permit from the Division of ABT.
- Food served? Yes  No  If yes, attach permit from the State of Florida DOH and/or DBPR.
- Tents? Number of tents to be utilized \_\_\_\_\_. Fire marshal inspection and flame resistant certificate required if cooking under them.

## Services

- Electrical hook-up required? Yes  No  Contractor name and license #: \_\_\_\_\_  
\_\_\_\_\_
  - Building Permit, if required Yes  No  If yes, permit # \_\_\_\_\_
  - Water hook-up required? Yes  No  Utility name and appropriate fees, if applicable: \_\_\_\_\_  
-Building Permit, if required Yes  No  If yes, permit # \_\_\_\_\_  
-FDOH/FDEP Permit, if required Yes  No  If yes, permit \_\_\_\_\_
  - Sanitation receptacles? (1 recycle and 2 trash per 100 people). Actual number required: \_\_\_\_\_
  - Restroom facilities? Yes  No  Total #: \_\_\_\_\_ (Show on site plan)
  - Port-o-lets? Yes  No  Total #: \_\_\_\_\_ (show on site plan) Name of vendor: \_\_\_\_\_  
\_\_\_\_\_
  - Road closure? Yes  No  (Show on site plan) All County road closures must be approved by Public Works. All state road closures will require a permit from the Florida Department of Transportation. Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Permit attached, if applicable
- Parking? Yes  No  (Show on site plan) There shall be no parking along the public right-of-way. Any off-site parking will require a site plan and an affidavit of written permission from the property owner and/or manager, as well as a recorded deed of ownership. All parking will be in accordance with LDC Article 7, Division 7 to include provisions for handicapped parking. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Affidavit of written permission from property owner/manager attached  Recorded deed  Site plan attached
- Sound System utilized? Yes  No  Hours to be utilized? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- County Amplified Sound Ordinance shall be followed.

**Date(s) and Times of the Event**

<b>Date of Setup:</b> ____/____/____		<b>Date of Tear Down:</b> ____/____/____		
Sunday	Start ____:____ am/pm	End ____:____ am/pm	24 Hours	<input type="checkbox"/>
Monday	Start ____:____ am/pm	End ____:____ am/pm	24 Hours	<input type="checkbox"/>
Tuesday	Start ____:____ am/pm	End ____:____ am/pm	24 Hours	<input type="checkbox"/>
Wednesday	Start ____:____ am/pm	End ____:____ am/pm	24 Hours	<input type="checkbox"/>
Thursday	Start ____:____ am/pm	End ____:____ am/pm	24 Hours	<input type="checkbox"/>
Friday	Start ____:____ am/pm	End ____:____ am/pm	24 Hours	<input type="checkbox"/>
Saturday	Start ____:____ am/pm	End ____:____ am/pm	24 Hours	<input type="checkbox"/>

**Staffing and Resources**

Emergency Services staffing needed (Sheriff and/or Putnam County Emergency Services? Yes  No   
If yes, please state why: \_\_\_\_\_

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**Additional Comments, If any:**

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**For Special Event permits related to Putnam County owned or operated parks, facilities, complexes and fields (not including the fairgrounds), please contact Putnam County Parks and Recreation at (386) 329-1268.**

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization,  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_  
*(Print Name of Person(s) Acknowledging)*

\_\_\_\_\_  
Signature of Notary Public

*(Print, Type, or Stamp Commissioned  
Name of Notary Public)*

Personally Known  OR Produced Identification \_\_\_\_\_ Type of Identification Produced



**Property Owner Name:** \_\_\_\_\_ **(If applicable)** **Date:** \_\_\_\_\_

**Property Owner Signature:** \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization,  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_  
*(Print Name of Person(s) Acknowledging)*

\_\_\_\_\_  
Signature of Notary Public

*(Print, Type, or Stamp Commissioned  
Name of Notary Public)*

Personally Known  OR Produced Identification \_\_\_\_\_ Type of Identification Produced



**DO NOT WRITE BELOW THIS LINE – For staff use only**

**To be completed by Putnam County Emergency Services (PCES):**

Number of personnel needed? \_\_\_\_\_

Cost for staff: \_\_\_\_\_

Number and type of apparatuses needed: \_\_\_\_\_

Cost of apparatus: \_\_\_\_\_

Total cost for PCES: \_\_\_\_\_

Payment must be made to PCES within seven (7) working days of the event.

Putnam County Sheriff's Office staffing needed? Yes  No  If yes, please state why: \_\_\_\_\_

**To be completed by Putnam County Sheriff's Office (PCSO):**

Number of deputies needed? \_\_\_\_\_

Cost for staff: \_\_\_\_\_

Number and type of vehicles needed: \_\_\_\_\_

Cost of vehicles: \_\_\_\_\_

Total cost for PCSO: \_\_\_\_\_

Payment must be made to PCSO within ten (10) days after the completion of the event. The PCSO reserves the right to require pre-payment from those who have failed to pay in a timely manner in the past or made no payment at all.

Public Works staffing needed? Yes  No  If yes, please state why: \_\_\_\_\_

**To be completed by Putnam County Public Works (PCPW):**

Number of personnel needed? \_\_\_\_\_

Cost for staff: \_\_\_\_\_

Number and type of apparatuses needed: \_\_\_\_\_

Cost of apparatus: \_\_\_\_\_ Total cost for PCES: \_\_\_\_\_

Payment must be made to Putnam County within seven (7) working days of the event.

**TUP Committee Comments (If Required):**

Planning and Zoning:

Building Department:

Code Enforcement:

Public Works:

Parks and Recreation:

Emergency Services:

Sanitation:

Putnam County Sheriff's Office:

Florida Department of Health in Putnam County (DOH-Putnam):

Other?

**TUP Conditions:**

**Approval**

**Denial**

If denied, reasons for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Executive Director Signature:**

**Date:**