



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