



# OSCEOLA COUNTY SEASONAL SALES LOT APPLICATION

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

Application No: \_\_\_\_\_  
Date Received: \_\_\_\_\_

### Submittal Type

- Property Owner Authorized*
- Proof of Ownership*
- Legal Description*
- Site plan showing:*
  - *Lot Dimensions,*
  - *Location of Seasonal Sales Lot (with all details of set-up) Setbacks of set-up from property and right-of-way lines, driveways, and any existing site improvements*
- Fire Retardant Certificate (for tents larger than 10' x 10')*
- Application Fees \$135.00*

**\*\*Seasonal Sales Lot permit and all attached supporting documents shall be available on the site where the seasonal sales lot is placed throughout the duration of the permit period. \*\***

In accordance with Chapter 3, Article 3.6, Section 3.6.1.1 of the Osceola County Land Development Code, authorization for Seasonal Sales Lot is issued to:

#### **Business/Applicant:**

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

Agent/Lessee: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates & Hours of Sale: \_\_\_\_\_

Description of Sale: \_\_\_\_\_

#### **Property Owner:**

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Sales Lot: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Non-Profit Organization Name: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Will any tents be placed on the site that are larger than 10'x10'?  Yes  No

Description of Tents:  Open Canopy  Sidewalls Number of Tents: \_\_\_\_\_

Area of Placement:  On pavement  On gravel  On grass

**Note:** Permit to be posted at site during sale. Permit is not for electrical wiring to site (must obtain separate permit). Sales to be held on private property only; shall not encroach on State or County right-of-way.

\*A Seasonal Sales lot containing the sale of Fireworks, Pyrotechnic or Special Effects is required to submit an application to the Fire Marshal's Office and shall comply with The Division of State Fire Marshal list of Approved Sparklers. The application can be found at [www.osceola.org](http://www.osceola.org) at the Fire Marshal's section under Permit Applications. For questions regarding this application please contact the Fire Marshal at (407) 742-4000.

I CERTIFY THAT, to the best of my knowledge and belief, all information supplied with this application is true and accurate, and that I am:

- Owner of the property described herein.**
- Party to an agreement for deed or sales contract for the purchase of the property.** (If this area is checked, you must be specifically authorized in the contract, or by another legal document, to initiate an application for this request.)
- Agent for the owner or purchaser of this property.** (If you checked this area, a written notarized authorization letter from the property owner(s), to act on their behalf, must accompany this request.)

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

**\*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's office 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: \_\_\_\_\_

Location of Sales: \_\_\_\_\_

Zoning Approval: \_\_\_\_\_ Date: \_\_\_\_\_



## Article 3.6 Residential Use Siting Standards

### 3.6.1 RESIDENTIAL USES

#### I. Seasonal Sales Lot

A seasonal sales lot permit is permitted in all zoning districts subject to the following siting standards:

1. The permit may be granted for up to forty-five (45) days during official Federal holiday seasons.
2. Products shall not be located in any right-of-way.
3. All parking shall be on-site.
4. The location of products on the property shall not block visibility for vehicles or pedestrians on or off the lot in a way that would create a safety hazard.
5. Sales shall be limited between the hours of 7:00 a.m. and 11:00 pm.
6. All trash and debris shall be removed when use permit expires.
7. Written consent from the owner, or authorized agent, of the property shall be provided.
8. A recreational vehicle may be used for security, provided it has all applicable permits.
9. Signage and tents shall be in accordance with other provisions of this Code.
10. Products remaining after the holiday shall be removed from the premises no later than seven (7) days after the holiday.



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