



# OSCEOLA COUNTY TEMPORARY NOISE PERMIT 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*
- Site plan showing:*
  - *Lot Dimensions,*
  - *Location of Temporary Noise Lot (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 \$190.00*

In accordance with Chapter 3, Article 3.6, Section 3.6.1.1 of the Osceola County Land Development Code, authorization for a Temporary Noise Application is issued to:

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

Name: \_\_\_\_\_  
 Agent/Lessee: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Parcel Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date of Event: \_\_\_\_\_ Event Hours: \_\_\_\_\_  
 Description of Event: \_\_\_\_\_

#### **Property Owner:**

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address of Event: \_\_\_\_\_  
(Include Gate Code if Applicable)

#### **Permit Information** (Please explain the event and type of sound source that will be generated at this event:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please explain what measures have been arranged on behalf of the applicant to reduce the sound source that will be generated at this event: \_\_\_\_\_

Event Dates: \_\_\_\_\_ Event Hours: \_\_\_\_\_

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: \_\_\_\_\_

#### **For Office Use Only**

Date of Issuance: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Location of Sales: \_\_\_\_\_  
 Zoning Approval: \_\_\_\_\_