



## CITY OF SWEETWATER SPECIAL EVENTS

Thank you for your interest in presenting your event in the City of Sweetwater. To assist you with obtaining the necessary permits and services, it is essential that you complete the Special Events Form and the Special Event Permit entirely prior to submitting it to our office.

A \$150 non-refundable application fee shall be credited toward the final special event permit fee. The application fee may be paid by check, cashier's check, or money order payable to the City of Sweetwater. The application package shall be submitted to the Building and Zoning Department located at 1701 NW 112 Ave. Sweetwater FL, 33172. Applications for all events held within the City of Sweetwater should be submitted to our office at least thirty (30) days prior to your event. Please be as specific as possible when filling out this form. Explain items in sufficient detail or the application may be delayed until the required information is provided.

Applications are reviewed on a first-come, first-serve basis. Applicants will then be invited to a special events meeting (if needed) to review your application with City of Sweetwater staff and discuss further details and needs of your event. Please be as specific as possible when filling out this form. Explain items in sufficient detail or the application may be delayed until the required information is provided.

Please verify that all the information entered is correct before submitting the application package, including but not limited to site plans, building plans, safety plans, etc.

Thank you.

# City of Sweetwater

## Building Department

1701 N.W. 112 Ave #102 Sweetwater, Florida 33172

(305) 4854526



Construction Noise Permit Permit No. \_\_\_\_\_

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

Project Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Company Name \_\_\_\_\_

Qualifier Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated beyond the working hours as established under Chapter 34 of the City Code ( Contractor)\_\_\_\_\_ is requesting to commence construction work at \_\_\_\_\_ on \_\_\_\_\_ and complete the work at \_\_\_\_\_ on \_\_\_\_\_. The purpose for this request is to request a waiver from the construction noise section of Chapter 34 to allow an early start for the following construction event.

### Reason

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

\_\_\_\_\_  
Signature of Contractor

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

The foregoing instrument was acknowledged before me by \_\_\_\_\_ of (contractor) \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification.

My Commission Expires:

\_\_\_\_\_  
Notary Public — State of Florida

\_\_\_\_\_  
Printed Name

# City of Sweetwater

## Building Department

1701 N.W. 112 Ave #102 Sweetwater, Florida 33172  
(305) 485-4526



# Special Event Permit

Master Permit \_\_\_\_\_

Permit # \_\_\_\_\_

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

Applicant Information	Name _____	Property Owner Information	Company Name _____
	Address _____		Qualifier Name _____
	City _____ St _____ Zip _____		Address _____
	E-mail _____		City _____ St _____ Zip _____
	Phone ( ) _____		

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, MECHANICAL, PLUMBING, or any other BUILDING SPECIALTY. I understand that in signing this application I am responsible for the supervision and completion of the construction including scheduling pr inspections and obtaining final inspection in accordance with the plans and specification.

X \_\_\_\_\_

Signature of Owner or Tenant  
Print Name \_\_\_\_\_  
STATE OF FLORIDA, COUNTY OF \_\_\_\_\_  
Sworn to (subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
by \_\_\_\_\_ (SEAL)

X \_\_\_\_\_

Signature of Qualifier  
Print Name \_\_\_\_\_  
STATE OF FLORIDA, COUNTY OF \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
by \_\_\_\_\_ (SEAL)

Notary Signature \_\_\_\_\_

Personally known  or I.D. \_\_\_\_\_

Notary Signature \_\_\_\_\_

Personally known  or I.D. \_\_\_\_\_

Discipline	Approved / Date	Disapproved / Date	Fees	Conditions Under Which Approved
ZONING				
BUILDING				
STRUCTURAL				
ELECTRICAL				
MECHANICAL				
PLUMBING				
PUBLIC WORKS				
			Upfront fee (-)	
			<b>Base Permit</b>	
			Scanning Fee	
			Training and Educational Fee 2%	
			Technology Fee 5%	
			DBPR Surcharge	
			State Surcharge	
			Code Compliance	
			<b>Violation</b>	
			Double fee	
			<b>TOTAL</b>	



## City of Sweetwater

Address 1701 NW 112 AVE 102, SWEETWATER, FL 33172

Phone (305) 485-4526

### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize City of Sweetwater to make a onetime debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**3 % surcharge will be applied to each transaction made.**

**Please complete the information below:**

I \_\_\_\_\_ authorize City of Sweetwater to charge my credit card  
(Full name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment  
(Amount) (Date)  
is for \_\_\_\_\_.  
(Description of goods/service)

Billing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

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

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV2: \_\_\_\_\_

Account Type: Visa \_\_\_\_ Master Card \_\_\_\_ American express \_\_\_\_ Discovery \_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated only, and is valid for one time use only. I certify that I am an authorized use for this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.