COMMUNITY DEVELOPMENT
TEMPORARY USE PERMIT APPLICATION

Jackson County Board of County Commissioners
Visit our web site:
www.jacksoncountyfl.gov

Community Development Department
4979 Healthy Way, Suite B, Marianna, FL 32446
Phone: (850) 482-9637 Fax: (850) 482-9846

Property Owner(s) as written on deed: _____

Address 1 _____ **Contact Ph. 1** _____
Address 2 _____ **Contact Ph. 2** _____
City _____ **Fax No.** _____
State _____ **Zip** _____ **e-mail** _____

Business Owner and/or business name: _____

Address 1 _____ **Contact Ph. 1** _____
Address 2 _____ **Contact Ph. 2** _____
City _____ **Fax No.** _____
State _____ **Zip** _____ **e-mail** _____

Authorized Agent as per attached affidavit: _____

Address 1 _____ **Contact Ph. 1** _____
Address 2 _____ **Contact Ph. 2** _____
City _____ **Fax No.** _____
State _____ **Zip** _____ **e-mail** _____

NOTE: The applicant must submit the application and attached sworn/affirmed affidavit at least thirty (30) calendar days prior to the time in which the temporary permit shall become effective.

Payments are accepted via cash, check or money order. Make payable to Jackson County BOCC.

Application fees are non-refundable. Denial of application does not warrant a refund.
Additional fees may be assessed based on actual attendance.

APPLICATION TYPE	FEE AMOUNT	FEE DETERMINATION
1) **Temporary Use**	$100.00	
2) **Temporary Use Music or Entertainment Event**	$80.00 $50.00	per day per 1000 anticipated patrons ***PLUS*** Cash Clean-up Bond per 1000 anticipated patrons

PARCEL INFORMATION FOR PROPOSED EVENT:

Parcel Number: _____
Location Address: _____
_____ **City:** _____

EVENT DESCRIPTION

DATE RANGE		TIMES:		am/pm	SELECT IF APPLICABLE:
From:		**Start:**			☐ **Motorized Vehicles**
Through:		**Close:**			☐ **Music or Entertainment Event**

NAME OF EVENT: _____

DESCRIPTION OF EVENT: _____

The applicant shall provide the following information with the completed application:

- ☐ Appropriate fees
- ☐ Page 2 of application with signed notarized sworn affidavit from the property owner containing permission to utilize their property for the temporary business
- ☐ A site plan showing display areas, plans for access and egress of vehicular traffic, any movable interim structures, tents, sign location, etc.
- ☐ A current fully executed public liability insurance policy

NOTE: Additional documentation may be required upon review of the application.

Complete and provide the information below for Temporary Use Permit (Non Music or Entertainment Event)

☐ A surety bond in the amount of $10,000.00 made in favor of the "The Board of County Commissioners of Jackson County"

Complete Page 2 of application for Motor Vehicle, Music or Entertainment Event

NOTE: The County does not regulate any scheduled music or entertainment event promoted or arranged by a public entity, i.e. school, college, church, Section 501(c)(3), charitable or educational organization, the state or any of its agencies, departments or subdivisions, county, school district, or municipality, or any department or agency thereof.

Applicant Signature: _____

Date: _____

Revision 12/11/23

DEPARTMENTAL USE:

FEES	Yes	No
PAID		
RECEIPT #		
DATE		
INITIALS		

APPROVAL

	Yes	No
APPROVED		
DATE		
INITIALS		

ADDITIONAL FEES

AMOUNT	
DATE CLOSED	

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Jackson County Board of County Commissioners *Community Development Department*

Name of Event:	
Authorized Agent:	
e-mail:	**Contact Ph. :**
Location Address:	**City:**

For more information see the Jackson County Code of Ordinances at www.jacksoncountyfl.net and select "County Ordinances, Chapter 74, Division 8

Complete this section and provide appropriate attachments for Motor Vehicle Event (See Sec 74-527)

- ☐ A copy of a valid Florida Department of Motor Vehicles dealers license
- ☐ A Florida Department of Motor Vehicle permit to conduct an "off-site" sale
- ☐ A copy of the factory authorization to display new motor vehicles (if applicable)

Complete this section and provide appropriate attachments for Music or Entertainment Event (See Sec 74-571)

- ☐ Adequate plans for camp construction, sanitation facilities, sewage disposal, garbage and refuse disposal, drainage, flood lighting during darkness, insect and rodent control, water supply and food service
- ☐ An adequate geographic description and scale map or plan of the festival site showing the location of all required facilities including adequate traffic control and parking facilities outside the performance area
- ☐ An adequate plan for medical services
- ☐ A detailed description of the plan of security, traffic control, communications, fire protection and emergency services, including ambulance service to be used and how it is to be implemented
- ☐ A full disclosure of all entities with a financial backing of the event
- ☐ The names of all persons or groups who will perform at the event. Include executed copies of all contracts or agreements with the named persons or groups
- ☐ The names of all persons who will provide products, materials, or services other than entertainment. Include copies of executed contracts or agreements with the named persons or groups

At the conclusion of the event submit an accounting of the attendance numbers to close the permit.

NOTE: *Music or Entertainment Events require Jackson County Board Of County Commissioners (BOCC) approval. BOCC may establish additional criteria for the protecton of the public health, morals, safety and general welfare.*

TEMPORARY USE PERMIT AFFIDAVIT

Notarized Oath

I _____**, the authorized agent of**
(Print agent's name)

_____ **attest that said applicant/business**
(Print applicant/business name)

is licensed to carry on the proposed business activity by all applicable state, local and federal licensing agencies, including but not limited to registration by an out-of-state business organization with the State of Florida for the privilege of conducting business within the State.

_____
Agent's Signature

State of _____
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____
by _____, who is personally known to me or has provided
_____ as identification and ***WHO DID TAKE AN OATH.***

_____
(Notary Seal) Notary Public, State of Florida

AGENT AUTHORIZATION FORM

For Projects Located in Jackson County, Florida

Jackson County Board of County Commissioners

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Phone: (850) 482-9637 Fax: (850) 482-9846

APPLICATION REQUEST (Check one item below.)

- ☐ Comprehensive Plan Amendment
- ☐ General Development Order
- ☐ Home Based Occupation
- ☐ Junk Yard Permit
- ☐ Mobile Home Park
- ☐ Other: _____

- ☐ Residential Development Order
- ☐ Sign Permit
- ☐ Road Abandonment
- ☐ Sign Permit
- ☐ Subdivision Platting
- ☐ Temporary Use Permit
- ☐ Wireless Facility

PROPERTY LEGAL DESCRIPTION (If applicable)

Parcel Number: _____

Location Address: _____

_____

City: _____ **Subdivision:** _____

AUTHORIZATION

NOTE: ***If the property is owned by a corporation or multiple owners then documentation certifying the signing individual's authority is required. Multiple signatures may be required if deemed necessary upon application. Additional signature form(s) provided upon request.***

☐ **See attached page(s) for more signatures. Number of pages excluding authorization form:** _____

I/we _____

(Owner's name as written on deed)

owner(s) of the above described property do hereby authorize to act as my/our agent

_____ **for the purpose of making application for**

(Print agent's name)

the proposed request and to act as our agent in matters pertaining to the application.

_____ _____

Owner Signature *Printed Name*

_____ _____

Owner Signature *Printed Name*

State of _____

County of _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online nortarization, this _____ day of _____, 20_____, by _____.

(Notary Seal)

_____

Notary Public, State of Florida

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____