



Special Activity Permit Application

104 N. Riverside Drive
Edgewater, FL 32132
Planning@cityofedgewater.org
386-424-2400 ext. 1502

CITY OF EDGEWATER
RECEIVED

1:07 pm, Nov 10 2025

PLANNING DEPARTMENT
DEVELOPMENT SERVICES

PL# 25-01500015

Fee: \$25.00/day (Under 2,000 attendees) \$200/day (Over 2,000 attendees)

Case No. _____

Required Documents

1. Site Plan reflecting the location and number of vendors, parking layout, and sanitary facilities.
2. Bond or an insurance policy to protect City from liability in form and substance acceptable to City of at least \$500,000 if no on-site alcohol consumption is proposed and \$1,000,000 if on-site alcohol consumption is permitted and/or pyrotechnics are proposed.
3. **Activities with expected attendance over 2,000 only** - Names and mailing addresses of property owners within 500-feet of the event site, as obtained from the Volusia County Property Appraisers Office. Note: Names and addresses printed from the Property Appraisers website will not be accepted. Excel format required if submitting electronically.
4. **Non-Profit and/or Charitable Organizations** – Tax Exempt Certificate or proof of 501c3 status.

Applicant Information (MUST BE A PERSON)

Name _____ Phone _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Sponsor Information

Name _____ Phone _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Event Information

Name _____ Street Address/location _____ Date(s) _____

Hours of operation _____ Set up/tear down dates _____ Expected Attendance _____

Description of Event _____

Outside music/amplification ☐ Yes ☐ No

Hours _____

Vendors ☐ Yes ☐ No # _____ Type: ☐ Food ☐ Alcohol ☐ Soft Drinks ☐ Arts/Crafts ☐ Other

Which of the following will be used:

☐ Water ☐ Booth ☐ Temporary Signs ☐ Temporary Tents ☐ Canopy
☐ Electricity ☐ Banner ☐ Fireworks/Pyrotechnics ☐ Amusement Rides ☐ Barricades

☐ Portable Restroom # _____ ☐ Trash Cans # _____ ☐ Other (specify) _____

City services requested ☐ Yes ☐ No

Type _____ Dates _____ Times _____

Type _____ Dates _____ Times _____

Road closures requested ☐ Yes ☐ No

All streets closed for an event must be reopened within 30-minutes of the end of each day of the event.

Street Name

Dates

Times

Street Name

Dates

Times

Disclaimer and Signature

This application must be completed in its entirety and submitted to the Planning Department at least 60-days in advance of the activity with an expected attendance over 2,000 or 21-days in advance of the activity with an expected attendance under 2,000.

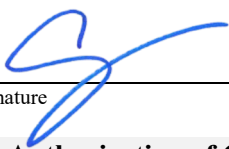
Incomplete applications will be returned to the applicant and may delay approval.

I shall comply with all requirements contained in Section 21-37 (Special Activity Permit Requirements) of the Land Development Code and Chapter 10, Article III (Noise) of the City of Edgewater Code of Ordinances.

If sound amplification is associated with this event, I agree to monitor the sound level so that it remains within the limits of the City Code. If valid noise complaints are received, I agree to reduce that noise to a satisfactory level. I further understand that if reducing the noise does not control citizens' complaints, the source of the noise will be terminated.

I acknowledge that I am financially responsible for all additional services provided by the City which may include, but are not limited to trash pick-up, utilities, code enforcement, law enforcement, etc.

I have read and agree to the terms and conditions set forth in this application.



Applicant Signature

November 7, 2025
Date

Notarized Authorization of Owner (To be completed if applicant is not property owner)

I/we _____ as the sole or joint fee simple title holder(s) of the property described as (address or parcel number) _____ authorize _____ to act as my agent to seek a Special Activity Permit at the above referenced property.

Owner's Signature

Owner's Signature

STATE OF FLORIDA
COUNTY OF VOLUSIA

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

NOTARY PUBLIC
(Signature of Notary Public - State of Florida)

SEAL

☐ Personally Known OR ☐ Produced Identification
Type of Identification Produced

Vendor Information (attach copy of applicable state and local licenses)

Business Name	Phone	Email	
Street Address	City	State	Zip
Owner Name	Type of Business		

Business Name	Phone	Email	
Street Address	City	State	Zip
Owner Name	Type of Business		

Business Name	Phone	Email	
Street Address	City	State	Zip
Owner Name	Type of Business		

Business Name	Phone	Email	
Street Address	City	State	Zip
Owner Name	Type of Business		

Business Name	Phone	Email	
Street Address	City	State	Zip
Owner Name	Type of Business		