CITY OF APOPKA
DEVELOPMENT REVIEW COMMITTEE

DATE: **March 09, 2016**
TIME: **9:00 AM Development Review Committee Meeting**
LOCATION: **120 E. Main Street (Community Development Conference Room)**

I. Staff Comments on the following:

A. Special Events:

1. Event: 55th Apopka Art and Foliage Festival
Dates: April 23, 2016 Time: 9:00 AM – 5:00 PM
April 24, 2106 Time: 10:00 AM – 4:00 PM
Location: Kit Land Nelson Park

B. Concept Plan:

2. Tijuana Flats Exterior Patio SPR16-06R
Concept Plan
Parcel No.: 05-21-28-0000-00-028
Location: 921 W. Orange Blossom Trail

C. Site Plans:

D. Plats:

E. Street Name Review

F. FLUM / Rezoning:

G. Special Exception:

II. Other Business:

A. Public Hearing:

B. Vacate/Variance:

C. Request for Extension:

D. Discussion:

E. Peddlers Permit:

F. Plan Final Review and Sign-off: **Projects at "Zoning Counter"**

Please direct any comments or questions concerning the items scheduled for this meeting to the Community Development Department at (407} 703-1712.

David B. Moon, AICP,
Planning Manager

1

Backup material for agenda item:

1. Event: 55th Apopka Art and Foliage Festival
   Dates: April 23, 2016 Time: 9:00 AM – 5:00 PM
   April 24, 2106 Time: 10:00 AM – 4:00 PM
   Location: Kit Land Nelson Park

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By et

CITY OF APOPKA

APPLICATION FOR SPECIAL EVENT/OUTDOOR ASSEMBLY PERMIT

APPLICANT'S NAME: 55th APOPKA ART AND FOLIAGE FESTIVAL - SHARON FISHER GENERAL CHAIRMAN

MAILING ADDRESS: 3408 MEECE AVENUE (PO BOX OR STREET) APOPKA (CITY) FLORIDA (STATE) 32703-9588 (ZIP+4)

PHONE: CELL 407-782-0488 HOME 407-889-2628 WORK ____

NAME OF GROUP/ORGANIZATION: GFWC APOPKA WOMAN'S CLUB

MAILING ADDRESS: P.O. BOX 336 (PO BOX OR STREET) APOPKA (CITY) FLORIDA (STATE) 32704-0336 (ZIP+4)

PHONE: ____ CONTACT PERSON: SHARON FISHER

CHAIRPERSON OF PARADE: SHARON FISHER

MAILING ADDRESS: P.O. BOX 336 (PO BOX OR STREET) APOPKA (CITY) FLORIDA (STATE) 32704-0336 (ZIP+4)

PHONE: CELL 407-782-0488 HOME 407-889-2628 WORK ____

DATE(S) OF EVENT: APRIL 23, 2016 AND APRIL 24, 2016

HOURS OF EVENT (BEGIN): 9:00 AM - 5:00 PM (~~END~~ BEGIN): 10:00 AM - 4:00 PM

EXACT LOCATION OF EVENT: KIT LAND NELSON PARK (CITY HAS MAP) (ATTACH MAP)

PUBLIC FACILITIES OR EQUIPMENT TO BE USED: RACQUET BALL COURTS AND TENNIS COURTS

ANTICIPATED # OF DAILY PARTICIPANTS: 200 ANTICIPATED # OF DAILY SPECTATORS: 15,000

DESCRIBE ALL ACTIVITIES WHICH WILL OCCUR DURING THE EVENT: FOLIAGE DISPLAYS AND SALES, FOOD CONCESSIONS, SCHOOL ART EXHIBITS, ENTERTAINMENT, BUS TOURS TO FOLIAGE NURSERIES, 150 ART AND CRAFT BOOTHS, CHILDRENS AREA

WILL ALCOHOLIC BEVERAGES BE SOLD? YES _____ NO ✓ IF YES, EXPLAIN: ____

DESCRIPTION OF ANY EQUIPMENT AND/OR PRODUCTS, TO BE USED: (TENTS, AMPLIFIERS, BANNERS, SIGNS, ANIMALS, ETC.): TENTS, BANNERS, SIGNS, TABLES, CHAIRS, SOUND EQUIPMENT, ATM'S, PORT-O-LETS AND GOLF CARTS

APPLICANT MUST PROVIDE ADEQUATE RESTROOM FACILITIES DURING EVENT, APPLICANT IS RESPONSIBLE TO PROVIDE POLICE AND FIRE PROTECTION IF DEEMED NECESSARY BY THE POLICE CHIEF AND/OR FIRE CHIEF. APPLICANT MUST PROVIDE WRITTEN AUTHORIZATION FOR APPLICANT TO APPLY FOR PERMIT ON BEHALF OF GROUP OR ORGANIZATION.

PLEASE CONTINUE ON REVERSE SIDE.

COMMENTS BY APPLICANT: WE ARE REQUESTING PERMISSION TO HOLD THE 53rd APOPKA ART AND FOLIAGE FESTIVAL AT THE KIT LAND NELSON PARK ON APRIL 23 AND 24, 2016. WE APPRECIATE ALL THE HELP AND SUPPORT THE CITY OF APOPKA GIVES US FOR THIS EVENT

I, SHARON S. FISHER, HEREBY REPRESENT, STIPULATE, CONTRACT AND AGREE THAT GFWC APOPKA WOMAN'S CLUB WILL JOINTLY AND SEVERALLY INDEMNIFY AND HOLD THE CITY HARMLESS AGAINST LIABILITY, INCLUDING COURT COSTS AND ATTORNEY'S FEES, AND INCLUDING ATTORNEY'S FEES FOR AN APPEAL, FOR ANY AND ALL CLAIMS FOR DAMAGE TO PROPERTY OR INJURY TO OR DEATH OF PERSONS ARISING OUT OF OR RESULTING FROM THE ISSUANCE OF THE PERMIT OR THE CONDUCT OF THE ASSEMBLY OR ANY OF ITS PARTICIPANTS.

SIGNATURE OF APPLICANT

SHARON S. FISHER
PRINTED NAME OF APPLICANT

February 18, 2016
DATE SUBMITTED TO COMMUNITY DEV. DEPT.

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 18 DAY OF February, 2016, BY Sharon Fisher, WHO IS PERSONALLY KNOWN OR PRODUCED State of Florida Drivers Lic AS IDENTIFICATION.

NOTARY PUBLIC SIGNATURE

Jennifer Esquia
NOTARY PUBLIC PRINTED NAME

NOTARY PUBLIC STATE OF FLORIDA
JENNIFER C. ESQUIA
MY COMMISSION # FF 194740
EXPIRES: February 1, 2019
Bonded Thru Budget Notary Services

FOR OFFICIAL USE ONLY

DRC APPROVAL: _____ DATE: _____

DRC COMMENTS: _____

FIRE APPROVAL: _____ DATE: _____

FIRE COMMENTS: _____

POLICE APPROVAL: _____ DATE: _____

POLICE COMMENTS: _____

CITY COUNCIL WILL CONSIDER THIS REQUEST SUBJECT TO APPLICANT MEETING ALL CITY REQUIREMENTS ON:

MEETING DATE: _____ APPROVED: _____ DENIED: _____

PERMIT FEE: $50.00 DATE PAID: _____ REC'D BY: _____ DATE EXEMPTED: _____

HOLD HARMLESS AGREEMENT

I, SHARON S. FISHER, HEREBY REPRESENT, STIPULATE CONTRACT AND AGREE THAT GFWC APOPKA WOMANS CLUB WILL JOINTLY AND SEVERALLY INDEMNIFY AND HOLD THE CITY OF APOPKA HARMLESS AGAINST LIABILITY, INCLUDING COURT COSTS AND ATTORNEY'S FEES, AND INCLUDING ATTORNEY'S FEES FOR AN APPEAL, FOR ANY AND ALL CLAIMS FOR DAMAGE TO PROPERTY OR INJURY TO OR DEATH OF PERSONS ARISING OUT OF OR RESULTING FROM THE ISSUANCE OF THE PERMIT OR THE CONDUCT OF THE ASSEMBLY OR ANY OF ITS PARTICIPANTS.

SIGNATURE OF APPLICANT

SHARON S. FISHER
PRINTED NAME OF APPLICANT

February 18, 2016
DATE SUBMITTED

STATE OF FLORIDA
COUNTY OF ORANGE

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JENNIFER C. ESQUIA
MY COMMISSION # FF 194740
EXPIRES: February 1, 2019
Bonded Thru Budget Notary Services

Jennifer Esquia
NOTARY PUBLIC PRINTED NAME

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/23/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Nelson's Insurance Services 10 North Park Avenue Apopka FL 32703 Phone: 407-886-7553 Fax: 407-814-9492	CONTACT NAME: PHONE (A/C, No, Ext): 4078867553 FAX (A/C, No): E-MAIL ADDRESS:
INSURED Apopka Woman's Club Apopka Art & Foliage Festival PO Box 378 Apopka FL 32704	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Burlington Insurance INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [XX] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:	X	X	FL700510N	04/22/2016	04/24/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 2,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ $ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE 	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] N / A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder Listed as Additional Insured with a Waiver of Subrogationon the policy
Event Apopka Art & Foliage Festival

CERTIFICATE HOLDER

City of Apopka
120 East Main Street
Apopka, FL 32703

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Brian Nelson

CITY OF APOPKA
WAIVER OF SPECIAL EVENT FEES FOR
NOT-FOR-PROFIT ORGANIZATIONS AND CHURCHES

APPLICANT: 55th APOPKA ART AND FOLIAGE FESTIVAL - SHARON FISHER GENERAL CHAIRMAN

MAILING ADDRESS: 3402 MEECE AVENUE APOPKA FLORIDA 32703-9588
PO BOX OR STREET CITY STATE ZIP

HOME PHONE# 407-889-2628 CELL # WORK # 407-782-0488

NAME OF ORGANIZATION: GFWC APOPKA WOMAN'S CLUB

MAILING ADDRESS: P.O. BOX 336 APOPKA FLORIDA 32704-0336
PO BOX OR STREET CITY STATE ZIP

CONTACT PERSON: SHARON FISHER PHONE # 407-782-0488

NAME OF EVENT: 55th APOPKA ART AND FOLIAGE FESTIVAL

DATE(S) OF EVENT: APRIL 23, 2016 APRIL 24, 2016 TIME(S) OF EVENT: 9:00 AM – 5:00 PM 10:00 AM – 4:00 PM

LOCATION OF EVENT: KIT LAND NELSON PARK

APPLICANT MUST SUBMIT PROOF OF NOT-FOR-PROFIT STATUS WITH THE IRS (501-C3)

Sharon S. Fisher — February 18, 2016

SIGNATURE OF APPLICANT — DATE SUBMITTED TO COMMUNITY DEVELOPMENT

SHARON S. FISHER

PRINTED NAME OF APPLICANT

STATE OF FLORIDA
COUNTY OF ORANGE

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BY Sharon Fisher WHO IS PERSONALLY KNOWN TO ME OR HAS
PRODUCED Florida Drivers License AS IDENTIFICATION.

(SEAL) NOTARY PUBLIC STATE OF FLORIDA
JENNIFER C. ESQUIA
MY COMMISSION # FF 194740
EXPIRES: February 1, 2019
Bonded Thru Budget Notary Services

Jennifer Esquia
NOTARY PUBLIC SIGNATURE

Jennifer Esquia
NOTARY PUBLIC PRINTED NAME

OFFICIAL USE ONLY

DATE APPROVED: _____

Glenn Irby, City Manager

DATE DENIED: _____

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