CITY OF APOPKA
DEVELOPMENT REVIEW COMMITTEE

DATE: **January 18, 2017**
TIME: **9:00 AM Development Review Committee Meeting**
LOCATION: **120 E. Main Street (City Hall Conference Room – 1st Floor)**

I. Staff Comments on the following:

A. Special Events:

1. Event: Liberty Tax – Food Drive
Date: Saturday, January 28, 2017
Time: 10:00 AM thru 4:00PM
Location: 875 E. Semoran Boulevard

B. Concept Plan: None

C. Site Plans:

2. Cooper Palms Lots 10 & 11 - Phase 2 SPR17-02
Final Site Development Plan (Commercial/Industrial Use)
Parcel ID #s: 09-21-28-1675-00-050; 09-21-28-1675-00-060; 09-21-28-1677-07-000; 09-21-28-1675-00-002; 09-21-28-1677-00-002; 09-21-28-1677-09-000; 09-21-28-1675-00-110; 09-21-28-1675-00-120

D. Subdivision/Plats:

3. Sandpiper PR17-03
Plat (Residential Subdivision – 49 Lots)
Parcel ID #s: 03-21-28-0000-00-023; 03-21-28-0000-00-119; 03-21-28-0000-00-115; 03-21-28-0000-00-046; 03-21-28-0000-00-073; 03-21-28-0000-00-072; 03-21-28-0000-00-022; 03-21-28-0000-00-047; 02-21-28-0000-00-131; 02-21-28-0000-00-106

4. Vistas at Waters Edge PR17-02
Final Development Plan (Residential Subdivision – 147 Lots)
Parcel ID #s: 19-21-28-0000-00-011; 19-21-28-0000-00-021; 19-21-28-0000-00-022
Location: S. Binion Road at Harmon Road

5. Emerson North Townhomes (Re-submittal) PR16-29R
Plat (Residential Townhomes Community – 136 Lots)
Location: 1701 Ocoee-Apopka Road
Parcel ID #: 20-21-28-0000-00-001

E. Street Name Review: None

F. FLUM / Rezoning: None

G. Special Exception: None

II. Other Business:

A. Public Hearing: None
B. Vacate/Variance: None
C. Request for Extension: None
D. Discussion: None
E. Peddlers Permit: None
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) 703-1739.

David B. Moon

David B. Moon, AICP,
Planning Manager

Backup material for agenda item:

1. Event: Liberty Tax – Food Drive
   Date: Saturday, January 28, 2017
   Time: 10:00 AM thru 4:00PM
   Location: 875 E. Semoran Boulevard

Special Events Permit

Applicants Information

Name of Applicant: Liberty Tax Phone: 407-884-9003

Address: 875 E Semoran Blvd City: Apopka

ZIP: 32703 Email address: williammcpherson@gmail.com

Secondary Contact: Jeff Serrao Phone: 407-301-3539

If Special Event is for an organization, please also complete below

Name of Organization: _____

Tax Exempt: Yes: _____ No: ✓ State of Florida Tax Number: _____

If claiming tax exemption a copy of 501-C3 and tax exemption certificates must be provided. Taxes will be charged if not provided.

Type of Event

Name of the Event: Food Drive

Date(s) of the Event: 1/28 Hours of Event: 10-4

Location of the Event: In front of Liberty Tax

Does the location of the event take place on Public or Private Property? Private

Briefly describe the event and all activities that will occur during the event:

Collecting food for 2nd Harvest small pop up tent and bounce house

Expected attendance: 50

Will there be admission, vendor, participant or other fees: Yes: ____ No: ✓

Will you be serving alcohol: Yes: ____ No: ✓

*If yes for serving alcohol, you will be required to obtain approval from City Council. Upon final approval you will need to provide a copy of the liquor license.

Special Events Permit
(Continued)

Type of Event

Description of any equipment being used (Tents, Banners, Signs, Animals, Etc.): _____

Small 10x10 tent bounce house tables

Will you have any street, lane, or sidewalk closures? Yes:_____ No:✓

If yes, explain: _____

Once your completed event permit is received the following will happen:

- The event calendar will be checked to make sure there are no conflicting events (if so, you will be notified immediately).
- Your application will be submitted and reviewed by DRC (Development & Review Committee).
- If approved the event may require additional approval from the City Council if there are any street closures or alcohol sales.
- If the location of the event takes place on City Property, you will be required to complete the Facility Use Agreement.
- You may be required to hire off-duty Apopka Police and Fire Fighters depending upon the size of the event.
- Temporary event signage will require a weekend directional sign permit from the Building Department.
- Any tents larger than 100 square feet will require the following:
  -Copy of Certificate of Flame Resistance for tent.
  -City Inspection Sheet signed by Fire/Building Department Officials
  -Copy of tent permit from Building Department
- Applicants must provide adequate restroom facilities during event.
- Meetings are scheduled, if need be, to solve any conflicts or concerns. A meeting will be required for events with more than 1,000 people in attendance.
- If approved, your final permit will be sent to you.
- You must have your final permit with you on the day of your event. If you don't provide it when asked, your event may be shut down.

For further information, to determine if the event location is in the City limits, or to inquire about special requirements for your event, please contact the Community Relations and Events Coordinator, at 407-703-1809, or visit us at 120 E. Main Street, 1st Floor, Apopka, Florida, Monday through Friday, 8:30 a.m. until 4:30 p.m.

HOLD HARMLESS AGREEMENT

I, William McPherson, on behalf of Liberty Tax, agree to indemnify and hold harmless the City of Apopka, its agents, employees or any other person against loss or expense including attorneys' fees, by reason of the liability imposed by law upon the City of Apopka except in the case of the City of Apopka's sole negligence, for damage because of bodily injury, including death at any time resulting therefrom, sustained by any person or persons, or on account of damage to property arising out of or in consequence of the issuance of the permit or conduct of the assembly or any of its participants, in whole or in part, whether such injuries to persons or damage to property are due or claim to be due to any passive negligence of its employees or agents or any other person. It is further understood and agreed that _____ shall, at the option of the City of Apopka, defend the City of Apopka with appropriate counsel and shall further bear all costs and expenses, including the expense of counsel, in the defense of any suit arising hereunder.

William McPherson
PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

1/12/17
DATE SUBMITTED

STATE OF FLORIDA
COUNTY OF ORANGE

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS 13th DAY OF January, 2017 BY William McPherson, WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED F.D.L. AS IDENTIFICATION.

Lorena Potter
Lorena Potter

NOTARY PUBLIC SIGNATURE
MY COMMISSION # FF091175
EXPIRES May 1[illegible]
(407) 398-0153 FloridaNotaryService.com

NOTARY PUBLIC PRINTED NAME

FOR OFFICIAL USE ONLY

DRC APPROVAL: _____ DATE: _____

DRC COMMENTS:

_____

_____

FIRE APPROVAL: _____ DATE: _____

FIRE COMMENTS:

_____

_____

POLICE APPROVAL: _____ DATE: _____

POLICE COMMENTS:

_____

_____

EVENTS APPROVAL: _____ DATE: _____

EVENTS COMMENTS:

_____

_____

RISK MANAGEMENT APPROVAL: _____ DATE: _____

RISK MANAGEMENT COMMENTS:

_____

_____

RECREATION APPROVAL: _____ DATE: _____

RECREATION 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: 1/13/17 REC'D BY: _____ DATE EXEMPTED: _____

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DDB R001 | DATE (MM/DD/YYYY) 1/12/2017

THIS CERTIFICATEIS 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 have ADDITIONAL INSURED provisions or 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	CONTACT NAME:	
BB&T INS SERVICES INC/SRVC NOW/PHS 272415 P:(866) 467-8730 F:(888) 443-6112 PO BOX 29611 CHARLOTTE NC 28229	PHONE (A/C, No, Ext): (866) 467-8730	FAX (A/C, No): (888) 443-6112
	E-MAIL ADDRESS:	

INSURER(S) AFFORDING COVERAGE	NAIC#
INSURER A: Sentinel Ins Co LTD	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
MR. TECH STUFF, INC. DBA LIBERTY TAX SERVICES
875 E SEMORAN BLVD
APOPKA FL 32703

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X General Liab GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [X] LOC OTHER:	X		22 SBA BN0232	12/12/2016	12/12/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $1,000,000 $10,000 $1,000,000 $2,000,000 $2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			22 SBA BN0232	12/12/2016	12/12/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] 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)

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

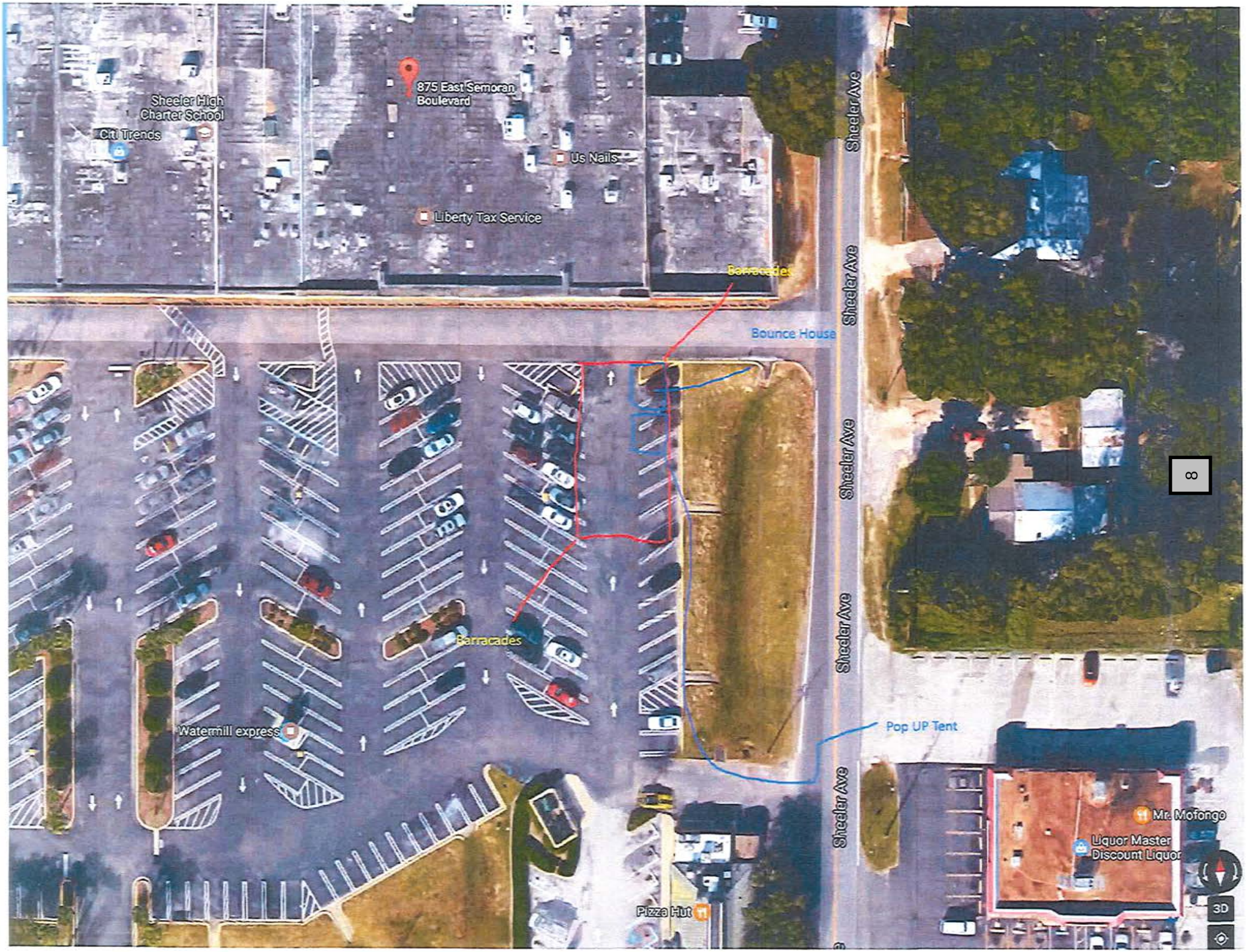
CERTIFICATE HOLDER

CITY OF APOPKA
120 E MAIN ST
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


875 East Semoran Boulevard
Sheeler High Charter School
Citi Trends
Us Nails
Liberty Tax Service
Barricades
Bounce House
Sheeler Ave
Sheeler Ave
Sheeler Ave
Sheeler Ave
8
Barracades
Watermill express
Pop UP Tent
Mr. Mofongo
Liquor Master Discount Liquor
Pizza Hut
3D


Monitor Results Not Activities
Mistakes are a
Wise Person's Education
Challenge Ourselves, Challenge Each
Other, Break Boundaries
Hunts
RONZONI
Oats
SALE

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