COMMUNITY DEVELOPMENT
Building and Safety

PARK PERMIT APPLICATION

PLAN CHECK NUMBER	SUBMITTAL DATE	TARGET DATE

PROJECT ADDRESS OR CROSS STREET	ZIP CODE	GRID NUMBER

PERMIT TYPES APPLIED FOR

☐ PUBLIC FACILITY (Owned or Maintained) ☐ PARK (Check one) ☐ Private ☐ Public   ☐ TRAILHEAD   ☐ BIKE TRAIL/PATH

☐ PRIVATE   ☐ OTHER (Specify) _____

NAME OF PROJECT

APPLICANT INFORMATION / OWNER INFORMATION

APPLICANT/COMPANY NAME			PROPERTY/BUILDING OWNER		

ADDRESS	CITY	ZIP	ADDRESS	CITY	ZIP

CONTACT	EMAIL		CONTACT	EMAIL	

PHONE	EXT	FAX	PHONE	EXT	FAX

SCOPE OF WORK (Check all that apply)

☐ TYPE OF GRADING/ACRES _____   ☐ OTHER _____

☐ LANDSCAPE/ACRES _____   ☐ OTHER _____

☐ # OF SHADE STRUCTURES/SQ FT _____   ☐ OTHER _____

☐ COMMUNITY CENTER/SQ FT _____   ☐ OTHER _____

☐ CLUB HOUSE/SQ FT _____   ☐ OTHER _____

☐ RESTROOM BLDG/SQ FT _____   ☐ OTHER _____

☐ POOL EQUIPMENT BLDG/SQ FT _____   ☐ OTHER _____

☐ POOL/SPA/WADER/SQ FT _____

☐ SNACK BAR/SQ FT _____   COMPLETE COMMERCIAL TAKE-OFF SHEET FOR:

☐ POST TENSION SLAB FOR _____   ☐ SIGHT LIGHTING

☐ # FLAG POLES/HEIGHT _____   ☐ ELECTRICAL

☐ # TRASH ENCLOSURES _____   ☐ MECHANICAL

☐ PLUMBING

BY SIGNING BELOW, I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT.

_____   _____   _____
SIGNATURE OF APPLICANT   PRINT APPLICANT NAME   DATE

FOR OFFICE USE ONLY

TOTAL FEES:	TMPL#:
RECEIPT#:	TMPL#:
IFAS#:	TMPL#:
CUSTOMER#:	FEE ESTIMATOR:
TMPL#:	SUBMITTAL:

PARK PERMIT APPLICATION

PRIOR CASE NUMBER

ROUTING	ASSIGNMENT/STAFF NAME IF KNOWN
☐ COMMUNITY SERVICES	
☐ PLANNING	
☐ BUILDING	
☐ GRADING	
☐ OCFA	
☐ ENGINEERING	
☐ LANDSCAPE	
☐ WQMP	