

Application Approved By:

## City of Wildwood, Florida Development Services Department 100 N. Main St., Wildwood, FL 34785 Tel: 352.330.1334 Fax: 352.330.1338

Tel: 352.330.1334 Fax: 352.330.1338 www.wildwoodfl.gov

Staff Use Only	
Fee Paid:	
Method of Payment:	
Receipt Number:	

Date:

## Temporary Use Permit Application

Applicant's Name:			
	Email:		
Property Owner(s):			
Address:			
Phone:	Email:		
Proposed Use:			
Beginning Date:	Ending Date:		
Property Address:			
Required Submittal Items: A *Temporary Use Permit Appl	l documents listed below can be submitted el ication Fee - \$100 (per site).	ectronically in PDF forma	ıt.
Temporary Use Per	mit Application*		
Signed & Notarize	d, Authorized Agent Form from the prope	erty owner(s) (if applica	nt is not property owner).
Site plan indicating	g the placement of temporary structures, t	raffic flow and any othe	er pertinent information.
Letter stating requi	rement for after hours monitoring for on	-site security temporary	use.
A signed letter from	n a FL licensed medical doctor for medica	nl hardship temporary u	ise.
Proof of valid build reconstruction.	ing permit obtained from Sumter Count	y for temporary structur	res due to construction or
Required Documents & Fees The required submittal items liste documentation will delay processi	d above must be included when submitting the apping of your application package.	olication package. Failure to	include the above supporting
Applicants Signature:	Print Name	::	Date:
Conditions:	Staff Use Only		