



Community Development Department  
 18070 Collins Avenue, 3<sup>rd</sup> Floor Sunny Isles Beach, Florida 33160  
 Phone: (305) 792-1772 Fax: (305) 792-1569

**Application for Beach Chair Pre-Setting (Yearly)**

**\$25.00 Application Fee**

<b>Applicant – Corporate name</b>		Phone#	Fax#
Address		City	State Zip
<b>Name of Authorized Corporate Representative for the Owner:</b>		Phone#	Fax#
Address		City	State Zip
<b>Location of the Request:</b>			
<b>Type of Activity:</b>			
<input type="checkbox"/> Pre-Setting Area (beach chairs and umbrellas) <input type="checkbox"/> Motorized Water sports equipment (application for new locations not being considered)			
<b>FOR OFFICE USE ONLY</b>			
Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With Comments		Approved by:	Date:
<b>Terms and Conditions of the Approval</b>			
1) The party seeking approval is to provide: <ul style="list-style-type: none"> <li>• A detailed operational plan, by describing the type and the amount of chairs and equipments to be set on the public beach area (including pictures)</li> <li>• An evacuation plan describing actions to be taken in case of weather conditions;</li> </ul> 2) The granting of the approval will not cause a substantial or undue adverse impact upon adjacent properties, the public beach, the public health, safety and welfare; 3) All beach chairs and equipment will not be placed as to obstruct the view of the life guards, or located within the emergency response path at all times; 4) Beach chairs and equipment shall be deployed in a manner that will assure public access and will encourage public use of the beach; 5) All beach chairs and equipment must be removed from the public beach beginning one (1) hour prior to sunset as determined by the National Weather Service and no pre-setting can occur prior to <b><u>8:00 a.m. each day</u></b>			
<b>Notarized Signature of Applicant</b>		<b>Notarized Signature of Organization/Business Owner</b>	
<input checked="" type="checkbox"/> Signature of Applicant		<input checked="" type="checkbox"/> Signature of Authorized Corporate Representative	
Date		Date	
Subscribed and Sworn before me this _____ day of _____ (year) _____ by _____		Subscribed and Sworn before me this _____ day of _____ (year) _____ by _____	
Check one: <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification Type of Identification (if any) _____		Check one: <input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification Type of Identification (if any) _____	
Notary Public _____ My Commission Expires	Notary Stamp	Notary Public _____ My Commission Expires	Notary Stamp