



City of Sunny Isles Beach
 Code Compliance Department
 18070 Collins Avenue, 3rd Floor Sunny Isles Beach, Florida 33160
 Phone: (305) 792-1772 Fax: (305) 792-1569

Application for Beach Chair Pre-Setting (Yearly)

Non-Refundable \$25.00 Application Fee

Applicant – Corporate name		Phone#	Fax#
Address	City	State	Zip
Name of Authorized Corporate Representative for the Owner:		Phone#	Fax#
Address	City	State	Zip
Location of the Request:			
Type of Activity:			
<input type="checkbox"/> Pre-Setting Area (beach chairs and umbrellas) <input type="checkbox"/> Motorized Water sports equipment (application for new locations not being considered)			
FOR OFFICE USE ONLY			
Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With Comments		Approved by:	Date:
Terms and Conditions of the Approval			
1) No pre-setting is approved prior to 8:00a.m. each day 2) 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 3) The party seeking approval is to provide: <ul style="list-style-type: none"> • 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) • An evacuation plan describing actions to be taken in case of weather conditions 4) 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 5) 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 6) Beach chairs and equipment shall be arranged in a manner that will assure public access and will encourage public use of the beach			
Notarized Signature of Applicant		Notarized Signature of Organization/Business Owner	
<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="radio"/> Personally Known <input type="radio"/> Produced Identification Type of Identification (if any) _____		Check one: <input type="radio"/> Personally Known <input type="radio"/> Produced Identification Type of Identification (if any) _____	
Notary Public _____ My Commission Expires	Notary Stamp	Notary Public _____ My Commission Expires	Notary Stamp