



# Temporary Permit Information



06/17/15

TO: THE COUNTY OF LEE, STATE OF FLORIDA

The undersigned applicant hereby applies for a permit and hereby agrees to comply with Lee County Land Development Code requirements, and all provisions of the Laws of the State of Florida, and all regulations relating, or applying to Building, Plumbing and Electrical work. A copy of plans and specifications must be kept at building during progress of work. Owner agrees to furnish culvert for driveway if required.

STRAP No.: 28-46-25-E3-U1924.2462      Type of Permit: Season Farmers' Market      Permit No.: TMP2015-00197  
 Owner Name: ESTERO UNITED METHODIST      Owner Telephone:  
 Owner Address: PO BOX 68  
 Project Name: SEASONAL FARMERS MARKET  
 Description: Seasonal Farmers Market to be held on Saturdays only

Job Address: 20691 S TAMIAMI TRL ESTERO 33928  
 Directions to Job US41 south to Lords Way St \*\*\*239-293-6266

Contractor: SW FLORIDA MARKETS, LLC  
 Contractor Address:

Architect:  
 Electrical Contractor:  
 HVAC Contractor:  
 Fire Sprinkler:

Engineer:  
 Plumbing Contractor:  
 Roofing Contractor:  
 Pool Contractor:

All contractors and subcontractors shall comply with Florida Statute 489 and the Lee County ordinance regulating contractor licenses.

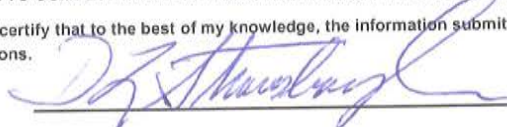
Zoning: CFPD      End Date: 04/30/16      Start Time: 08:00      End Time: 13:00  
 Start Date: 11/07/15

<b>Fees:</b>	
Zoning Review	\$75.00
Parkng Lt Sls / Road Side Stnd	\$100.00
<b>Total Permit Fees:</b>	<b>\$175.00</b>
<b>Amount Paid:</b>	<b>\$0.00</b>
<b>Total Fee Amount:</b>	<b>\$175.00</b>
<b>Total Amount Paid:</b>	<b>\$0.00</b>
<b>Total Amount Due:</b>	<b>175.00</b>

PERMIT IS VOID IF ZONING CLASSIFICATION IS VIOLATED. APPLICANT AGREES TO COMPLY WITH THE SANITARY REGULATIONS AND UNDERSTANDS THAT THE PROPOSED STRUCTURE MAY NOT BE USED OR OCCUPIED UNTIL AN APPROVED CERTIFICATE OF OCCUPANCY IS ISSUED. APPLICANT FURTHER UNDERSTANDS THAT FAILURE TO OBTAIN PERMIT OR MISREPRESENTATION OF THE IMPROVEMENTS IS A MISDEMEANOR AND UPON CONVICTION, APPLICANT CAN BE PUNISHED AS PROVIDED BY LAW. SEPARATE PERMITS ARE REQUIRED FOR BALLOONS AND ELECTRIC SIGNS.

FAILURE TO COMPLY WITH MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR IMPROVEMENTS.

I hereby certify that to the best of my knowledge, the information submitted for this permit is true and correct, and complies with Deed of Restrictions.

Owner:       Contractor: \_\_\_\_\_

**COMMUNITY DEVELOPMENT  
TEMPORARY PERMIT APPLICATION**

Case # TMP20 15-00197  
Date 6/11/15  
Rep. July

This application and the additional submittal requirements may be submitted by email to [eConnect@leegov.com](mailto:eConnect@leegov.com), all the files must be attached to one email message. The application may also be submitted in our office at 1500 Monroe St., Downtown Fort Myers, FL 33901. M-F 7:30am to 4:30pm.

Applicant: SWFLORIDIAMARKETS LLC Contact Person: DENNIS STRAUSBAUGH  
Phone: 239 293 6266 Email Address: SWFLORIDIAMARKETS@GMAIL.COM  
Property Owner's Name: ESTERO UNITED METHODIST CHURCH  
Address of Property: 8088 LORDS WAY ST ESTERO FL 33928  
Strap Number of Property: 804025E3U19242402  
Directions to Property: 415 TO LORDS WAY ST

Description of Temporary Use (please be specific): SEASONAL FARMERS MARKET TO BE HELD ON SATURDAYS ONLY  
Type of Use Requested (Additional Zoning Review fee of \$75 may be charged for all uses except Construction Office/Shed and Community Gardens):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Horse Shows/Exhibitions (\$100)  | <input type="checkbox"/> Christmas Tree Sales (\$150)     | <input type="checkbox"/> Temp. Storage Facilities (\$150)            |
| <input type="checkbox"/> Construction Office/Shed (\$150) | <input type="checkbox"/> Carnivals/Fairs/Circuses (\$150) | <input type="checkbox"/> General Temporary Use (\$100)               |
| <input type="checkbox"/> Lehigh Acres Food Cart (\$100)   | <input type="checkbox"/> Community Garden (\$35)          | <input checked="" type="checkbox"/> Seasonal Farmers' Market (\$100) |
| <input type="checkbox"/> Firework Sales (\$150)           | <input type="checkbox"/> Temp. Mail Distribution (\$100)  | <input type="checkbox"/> Fireworks Display (\$250)                   |

Date of Event: 11/7/15 thru 4/30/16 Hours of Operation: from 8:00 AM to 1:00 PM  
Number of Tents: 35 (Plan Review fee of \$50 will apply to tents over 2500 sq. ft. and/or w/sidewalls)  
Sq. Ft. per Tent: 100 Side Walls?  Yes  No  
Electric?  Yes  No (If yes, Electric fee of \$75 will be charged) Electric amps (if applicable): \_\_\_\_\_  
DO/Permit #: \_\_\_\_\_ (required for Construction Office/Shed)

**ADDITIONAL SUBMITTAL REQUIREMENTS**

- Notarized letter from property owner giving permission for use of property (not required for Construction Office/Shed).
- Proof of sanitary facilities (port-o-let contract) or letter from neighboring business, stating that restroom facilities are for their use, indicating that hours of operation are compatible (not required for Temporary Storage Facilities).
- Copy of public liability insurance, plus property damage in amount of \$50/100,000 minimum coverage (not required for Construction Office/Shed).
- Two (2) site plans indicating available parking, existing structures and location of equipment, restroom facilities, etc.
- If tent is 2500 sq. ft. and over, plans will need to be reviewed by Plan Review. If event is located on Captiva, N. Captiva or Boca Grande beaches between May 1<sup>st</sup> – October 31<sup>st</sup> **Environmental Sciences Review is required.**
- Two (2) copies of the flame retardant certificates are required for each tent (if applicable).
- A special events permit may be required through the Public Resources Office if projected attendance exceeds 1,000 people per day, if the event is located within a County park/facility or on County property, and/or if alcohol is being sold or consumed within a County park/facility or on County property. Please contact their office at (239)533-2737 for additional information.
- Community Gardens require a Temporary Use Permit after receiving an Administrative approval from zoning. Please provide a copy of the Administrative approval for this application

**COMMUNITY DEVELOPMENT**

**AFFIDAVIT  
FOR OVER THE COUNTER PERMITS  
FOR TENTS**

I hereby affirm that the following criteria will be met for the tents to be erected at:

8088 LORDS WAY ST ESTERO FL 33928  
(address)

for SW FLORIDA MARKETS LLC for the purpose of SEASONAL FARMERS MARKET  
(Business Name) (event)

- Tent is under 2500 square feet and does not have side walls.
- Tents will not be used for a place of assembly (more than fifty (50) people), kitchen or mess hall.
- Tents will not block any driveway, fire hydrant or fire access to any building.
- Tents will be at least twelve (12) feet from all property lines and have an unobstructed passage-way or fire road not less than twelve (12) feet wide and free from guy ropes or other obstructions on all sides of tent.
- "NO SMOKING" signs will be placed approximately every twenty (20) feet around perimeter of tent.
- One (1) classification type 2A fire extinguisher will be provided in every tent having a floor area of more than five hundred (500) square feet but less than one thousand (1000) square feet, and also one (1) in each auxiliary tent adjacent thereto. Two (2) classification type 2A fire extinguishers will be provided for each tent from 1000 to 2500 square feet.
- NOTE:** At a minimum, all tents displaying or selling any sparklers shall have at least (1) one 10LB. 4A-60BC Fire extinguisher per NFPA-a Chapter-16
- Tents that will be occupied after sunset will have lights and emergency lighting.
- Flame resistance certificates will be on the job site for inspection.
- All other applicable requirements of N.F.P.A. 102 will be complied with.

I understand that it is the responsibility of the permit holder to call the Inspections Office for inspection request and the Local Fire District to receive final fire inspection prior to using the tent.

**Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated in it are true.**

Signature (owner/authorized agent) Dennis L Strausbaugh Date 05/18/15

Typed or printed name DENNIS L STRAUSBAUGH

## BUILDING AND FIRE MARSHALL CODES FOR TEMPORARY PERMIT

### Permit Required

No person may erect, operate, or maintain a tent or air supported structure covering an area in excess of one hundred twenty (120) square feet without a permit. Tents used exclusively for camping are exempt from the above requirement.

### Place of Assemblage

A place of assemblage includes any circus, carnival, tent show, theater, skating rink, dance hall or other place of assemblage in or under which persons may gather for any purpose.

### Location of Tents and Air Supported Structures

- 1) A tent or air supported structure must be so located from any property line or permanent structure so as to be readily accessible by fire equipment.
- 2) Tents or air supported structures having an area of fifteen thousand (15,000) sq. ft. or more must be located not less than fifty (50) feet from any other tent or structure as measured from the side wall of the tent unless joined together by a corridor.
- 3) Tents and air supported structures may be joined together by means of corridors, but such corridors must be open to the sky. On each side of such corridor and approximately opposite each other, there must be provided openings not less than twelve (12) feet in width. These openings must be equipped with sliding curtains.
- 4) An unobstructed passageway or fire road not less than twelve (12) feet in width and free from guy ropes or other obstructions must be maintained on all sides of all tents or air supported structures unless otherwise approved by the fire authority having jurisdiction.

### Structural Stability

Tents or air supported structures and their appurtenances must be adequately roped, braced and anchored to withstand the elements of weather against collapsing.

### Flame-Retardant Treatment

The side wall, drops and top of all tents and air supported structures and all decorations must be of flame-retardant material or must be made fire retardant.

An affidavit or affirmation must be retained on the premises at which the tent or air supported structure is located, attesting to the following information relative to the flame retardant treatment of the fabrics:

1. Date fabric was last treated with flame-retardant solution.
2. Trade name or kind of chemical used in treatment.
3. The name or person or firm treating the material.
4. The name and address of the owners of the tent.

### Fire-Safety Standards

- 1) Smoking must not be permitted in any tent or air supported structure. Approved "NO SMOKING" signs must be conspicuously posted.
- 2) No fireworks, open flame or other device emitting flame or fire may be used in or immediately adjacent to any tent or air supported structure while open to the public.

### Fire Extinguishers and Other Fire-Protection Equipment

Fire extinguishers and other fire protection equipment must be provided in every tent or air supported structure as follows:

1. One 2-A type extinguisher must be provided in every tent or air supported structure having a floor area of more than five hundred (500) square feet but less than one thousand (1000) square feet and also one in each auxiliary tent or air supported structure adjacent thereto.
2. One additional 2-A type extinguisher must be provided for each additional two thousand (2000) square feet or fraction thereof.

# Use Of Property Consent

We, the owners of Estero United Methodist Church do hereby grant permission for the SW FLORIDA MARKETS, LLC, a Florida Limited Liability Company to use our gravel parking area for a Farmer's Market each Saturday, 8:00am – 1:00pm November 7, 2015 through April 30, 2016.

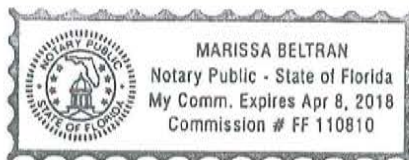
The property located at 20691 Tamiami Trail, Estero, FL



Mary Huron, Resident Agent and Business Manager,  
Estero United Methodist Church

State of Florida

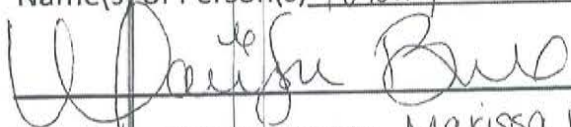
County of Lee



This instrument was acknowledged before me on June 17, 2015

By Mary Huron

Name(s) of Person(s) Mary Huron



Signature of Notary Public Marissa Beltran

# Use Of Property Consent

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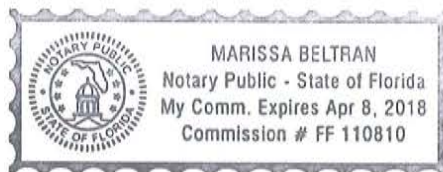
The property located at 8088 Lord's Way, Estero, FL



Mary Huron, Resident Agent and Business Manager ,  
Estero United Methodist Church

State of Florida

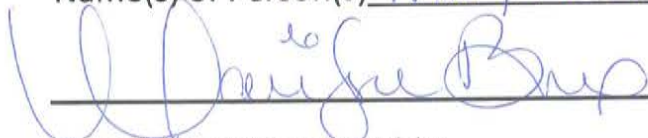
County of Lee



This instrument was acknowledged before me on June 17, 2015

By Mary Huron

Name(s) of Person(s) Mary Huron



Signature of Notary Public

Marissa Beltran



June 18, 2015

TO: Southwest Florida Market LLC

ATTN: Dennis Strausbaugh

RE: Service for Porta Potty

Pump one Porta Potty once weekly. Porta Potty to be serviced at 20691 Tamiami Trail Estero Florida 33923. Servicing begins as soon as we are contacted to set unit and continuing weekly until the end of service is required.

Additional emergency service visits requested by you will be billed at \$75.00 each. Otherwise, an inclusion within the purchase order should contain the authorizing individual contact information in case of an emergency.

Payment terms are due upon receipt and billed every 28 days. There is no proration of service.

Please call should you need additional information concerning the service we provide or check our website at: [www.ronsjons.com](http://www.ronsjons.com)

Thank You for your Consideration

April L Heltman

Office Manager

Rons Jons Porta Potty

877-352-4855

239-352-4700









# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/28/14

THIS CERTIFICATE IS 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 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 Insurance Source Of Naples, Inc. 3765 Airport Road North Suite 201 Naples, FL 34105 Phone (239) 325-3030 Fax (239) 325-3033	CONTACT NAME: Tiffany Lehman	FAX (A/C, No): (239) 325-3033	
	PHONE (A/C, No, Ext): (239) 325-3030	E-MAIL ADDRESS: tiffany@ison1.com	
INSURED SW Florida Markets LLC 1320 Remington Way #12101 Naples, FL 34110	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Covington Specialy Ins Company/ Bass Underwriters		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

## 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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y		VBA306158-00	07/21/2014	07/21/2015	EACH OCCURRENCE \$ 1,000,000.00
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00						
	MED EXP (Any one person) \$ 0.00						
	PERSONAL & ADV INJURY \$ 1,000,000.00						
	GENERAL AGGREGATE \$ 2,000,000.00						
	PRODUCTS - COMP/OP AGG \$ 2,000,000.00						
	\$						
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>							COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/> BODILY INJURY (Per person) \$							BODILY INJURY (Per accident) \$
<input type="checkbox"/> PROPERTY DAMAGE (Per accident) \$							\$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR							EACH OCCURRENCE \$
<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE							AGGREGATE \$
<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
							E. L. EACH ACCIDENT \$
							E. L. DISEASE - EA EMPLOYE \$
							E. L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Lee County Department of Community Development  
PO Box 398  
Fort Myers, FL 33902  
ahall@leegov.com

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/15/15

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<b>PRODUCER</b> Insurance Source Of Naples, Inc. 2355 Vanderbilt Beach Road #152 Naples, FL 34109 Phone (239) 325-3030 Fax (239) 325-3033	<b>CONTACT NAME:</b> Tiffany Lehman	<b>PHONE (A/C, No, Ext):</b> (239) 325-3030	<b>FAX (A/C, No):</b> (239) 325-3033	
	<b>E-MAIL ADDRESS:</b> tiffany@ison1.com			
<b>INSURED</b> SW Florida Markets LLC 1320 Remington Way #12101 Naples, FL 34110	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
	<b>INSURER A :</b> Covington Specialty Ins Company/ Bass Underwriters			
	<b>INSURER B :</b>			
	<b>INSURER C :</b>			
	<b>INSURER D :</b>			
	<b>INSURER E :</b>			

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>  Lee County Department of Community Development PO Box 398 Fort Myers, FL 33902 ahall@leegov.com	<b>CANCELLATION</b>  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 
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**Sec. 34-3048. - Seasonal farmers' market.**

(a) Farmers' market are allowed in the parking lot or grassed areas of properties developed with churches, schools, clubs (df), parks (section [34-622\(c\)\(32\)](#)), commercial or industrial uses, or on-site recreational facilities (df). Farmers' markets are prohibited on vacant lots.

(b) Farmers' markets are permitted from October through April. A temporary use permit may be issued for no more than four days a week in the same location. A year round farmers' market requires compliance with this Code.

(c) The application for the temporary use permit must include the following:

(1) A site plan indicating the layout and boundaries of the market. The market may be located within parking areas with written consent of the property owner. The market is not permitted in open space or preserves areas, as designated on an approved local development order, or within a County right-of-way. Adequate pedestrian and vehicular access to the site must be demonstrated;

(2) The day of the week and hours of operation for the market.

(d) Each vendor is responsible for securing and displaying all necessary licenses, including but not limited to any license/approval required when offering prepared food for consumption, etc. (i.e., Florida Department of Agriculture, Food Safety, and Department of Business and Professional Regulation, etc.). Allowed products and services are limited to:

(1) Unprocessed agricultural products such as fruits, vegetables, grains, flowers, and plants;

(2) Processed agricultural products such as milk, cheese, oils, vinegars, meats, poultry, eggs, honey, spices, coffee, jams, nuts, sauces, pasta, soaps, ice cream, herbal preparations, jellies;

(3) Prepared foods such as ready-to-eat baked goods, breads, meats, cheeses, cakes, and pies;

(4) Food booths, with proper licensing, where preparation of food occurs on site;

(5) Agriculture-related crafts, such as handmade wreaths, swags, dry flower arrangements, pressed flowers, scented sticks and potpourri; candles, scented sticks;

(6) Items designed to promote water, soil, or energy conservation, such as rain barrels, organic fertilizer, compost boxes, and related educational materials;

(7) Musical entertainment may occur only at one location within the market area and must comply with the County noise ordinance; and

(8) Other goods and services determined by the Zoning Director to be substantially similar to the above vendor types.

(e) Prohibited items and vendors: Used goods, antiques, collectibles, and all other goods and services not expressly set forth above.

(f) The Department of Community Development has the authority to modify or revoke the farmers' market temporary use permit upon a finding of a violation of any condition of the temporary use permit approval. Prior to revoking a permit, the permittee will be given written notice of the violation and the action necessary to correct the same. The notice will be delivered in compliance with F.S. § 162.12. The notice will provide that failure to correct the violation will result in the revocation of the temporary use permit.

(Ord. No. [13-10](#), § 10, 5-28-13)