



**Seminole Tribe of Florida**  
Tribal Inspector's Department  
6363 Taft Street Suite 308  
Hollywood, FL 33024  
**Office:** (954) 894-1080 / **Fax:** (954) 989-1571  
**Email:** [buildingdept@semtribe.com](mailto:buildingdept@semtribe.com)

## **SHORT TERM EVENTS BUILDING VERIFICATION FORM**

### **INSTRUCTIONS**

Construction documents listed below with the permit application must be uploaded via the CSS Portal [https://lmp.semtribe.com/EnerGov\\_Prod/SelfService](https://lmp.semtribe.com/EnerGov_Prod/SelfService). The construction documents shall include a site plan showing all property lines, customer parking area and the size, location and setbacks of all temporary structure(s); occupancy load of all facilities; the location and number of restroom facilities (existing or proposed). Temporary structures include but are not limited to tents, stages, bleachers, platforms, frames or towers for stage lighting or sound systems.

### **REQUIREMENT**

Complete plans in compliance with the Florida Building Code

### **INCLUDED AS PART OF SUBMITTAL**

[ ] Yes

[ ] Not Applicable

### **THE FOLLOWING TEMPORARY STRUCTURES AND FACILITIES ARE REQUIRED FOR THIS PROJECT (CHECK ALL THAT APPLY):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Membrane Structures (Tents) | <input type="checkbox"/> Tower for Lighting or Sound System | <input type="checkbox"/> Portable Toilet |
| <input type="checkbox"/> Stage                       | <input type="checkbox"/> Platform                           | <input type="checkbox"/> Lift            |
| <input type="checkbox"/> Bleachers                   | <input type="checkbox"/> Enclosed Cooking Facilities        | <input type="checkbox"/> Ramp            |
| <input type="checkbox"/> Not Required                | <input type="checkbox"/> Trailer/Container                  |  |
| <input type="checkbox"/> Others                      |   |  |

Contractor/Company Name:

Authorized Agent Signature:

**ELECTRICAL**

☐ Generator

☐ Not Required

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Contractor’s Name:License No.:

Qualifier’s Name:Qualifier’s No.:Qualifier’s Signature:

State of Florida)  
County of ) SS:

The person whose signature appears above deposes that he/she is the licensed Contractor.

Sworn to and subscribed before me on this \_\_\_\_day of \_\_\_\_\_, 20 \_\_\_\_ By: \_\_\_\_\_.

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

☐ Personally Known

☐ Or Produced Identification

Type of Identification: \_\_\_\_\_