



EVENT PERMIT

Ordinance 17-08



POP WARNER FOOTBALL

PERMIT NUMBER: TMP2021-00169

Date(s) of Event: AUGUST 21, 2021 THROUGH DECEMBER 25, 2021

Property Owner: LEE COUNTY

Applicant: GLENDA VALENTIN
239-849-8253

Description: 2021 HOME GAMES SEASON -AUGUST 21,2021 THROUGH DECEMBER 2021
FROM 8:00AM UNTIL 11:00PM

Location of event: 1400 W 5TH ST, LEHIGH ACRES, FL 33972

LEHIGH ACRES COMMUNITY PARK

Will the event be attended by 1000 or more people ? No

Will the event be held on County Owned Property ? Yes

Will there be alcohol consumed or sold at the event ? No

Will a bond be posted for this event ? No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners
Lee County, Florida


County Manager Date 10/6/2021



Temporary Permit

Special Event per Ord. 17-08

Permit Number: TMP2021-00169

Issued Date: 10/06/2021

Expiration Date: 12/26/2021

Owner Name: LEE COUNTY

Applicant: GLENDA VALENTIN

Project Name: POP WARNER FOOTBALL

Description: 2021 HOME GAMES SEASON -AUGUST 21,2021 THROUGH DECEMBER 25, 2021 FROM 8:00AM UNTIL 11:00PM

Job Address: 1400 W 5TH ST, LEHIGH ACRES, FL 33972

GENERAL INFORMATION	
Current Florida Building Code: Florida Building Code 7th Edition (2020)	Directions: LEHIGH ACRES COMMUNITY PARK
Event End Date: 12/25/2021	Event End Time: 23:00 11:00 PM
Event Start Date: 08/21/2021	Event Start Time: 08:00 08:00 AM
Type of Permit: Special Event per Ord. 17-08	
SPECIAL EVENTS	
Alcoholic Beverages?: No	Bond Required?: No
Date(s) of Event: AUGUST 21, 2021 THROUGH DECEMBER 25, 2021	Event on County Property?: Yes
Special Event > 1000?: No	

- NO SMOKING SIGNS ARE REQUIRED.
- Tents up to 2500 sq. ft. must have Two (2) classification type 2A fire extinguishers. Flame resistance certificates must be on the job site for inspection.
- Tents will be at least twelve (12) feet from all property lines and have an unobstructed passageway or fire road not less than twelve feet wide and free from guy ropes or other obstructions on all sides of tent. Tents must maintain minimum 25' setback from all road right of way. Tents will not block any driveway, fire hydrant or fire access to any building.
- Tents that will be occupied after sunset will have lights and emergency lighting at each exit.
- All other applicable requirements of N.F.P.A. 102 will be complied with.

REQUEST AN INSPECTION ONLINE @ <https://accelaaca.leegov.com> or CALL 239-533-8997 OPTION 1
WHEN PROMPTED FOR THE PERMIT NUMBER ENTER TMP2021-00169

Required Inspections

DATE: BY:

902 Fire Final

Request inspection through the IVR or eConnect website, then contact the Lehigh Acres fire district to schedule a time at 239-303-5300

Tent Fire Dept Insp

Fire department inspection required on ALL TENTS, contact the fire department directly. 239-303-5300

Other Inspection

This temporary use permit is valid for one year from the date of issuance. This permit does not allow more than 8 scheduled events from date of issuance. A scheduled event is to allow for the sale of flowers, vegetables or other crops grown on this property each year. Each event may not exceed two days.

Separate permits would be required for the construction of any structures, buildings, or the installation of any utilities.

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENTAL ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES OR FEDERAL AGENCIES.

THIS PERMIT IS VOID IF THE FIRST INSPECTION IS NOT MADE WITHIN (6) MONTHS FROM THE DATE ISSUED OR IF NO INSPECTION HAS BEEN MADE FOR A PERIOD OF SIX (6) MONTHS FROM THE MOST RECENT PASSED INSPECTION. BUILDING PLANS MUST BE ON JOB AT TIME OF INSPECTION. REINSPECTION FEE \$50.00

THIS CARD MUST BE PLACED ON A BOARD AT EYE LEVEL SO IT CAN BE READ FROM THE STREET AND BE PROTECTED FROM THE WEATHER.



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

POP WARNER FOOTBALL

TMP2021-00169

Lee County Event Permit Application



Event Application

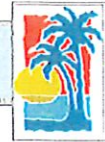
Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)	
Title of Event / Name of Production	POP WARNER FOOTBALL
Date(s) of Event / Production:	2021 HOME GAMES SEASON - DATE 08/21/21, 10/2/21, 10/9/2021, 10/16/21, AND PLAY OFF THROUGH DECEMBER
Location(s) of Event:	LEHIGH ACRES COMMUNITY PARK
Name of Applicant:	LEHIGH ACRES FOOTBALL ASSC
Applicant Address:	1400 W 5TH ST, LEHIGH ACRES FL
Applicant Phone Number:	239.849.8253
Contact Person: (If different from applicant)	GLENDA VALENTIN PRESIDENT
Contact Phone Number: (If different from applicant)	
Email Address:	GLENVAL81@ICLOUD.COM
Estimated Attendance:	
Event Description: Include each activity, when activities take place, etc.	POP WARNER FOOTBALL GAMES 500-600 ppl per game
Hours of Operation:	8AM - 11PM
STRAP # of Parcel:	
Owner of Premises*:	

*Notarized statement from the property owner specifically consenting to the proposed use required.

Lee County Event Permit Application



What is the Zoning Classification of the premises? _____

Are any temporary structures to be installed for the event? ☐ Yes ☐ No Type: _____

Do you have the appropriate permits for the temporary structures? ☐ Yes ☐ No

* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: _____

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): _____

Will Vehicles be Used as Part of This Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☐ Yes ☒ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes ☒ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization
Providing Food: _____

Type of Food being Served: _____

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: **LEHIGH ACRES FOOTBALL ASSC**

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property?

☒ Yes ☒ No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number:

(Required if alcohol is to be **SOLD** at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details

☐ TV Movie or Special ☐ TV Series / Pilot ☐ TV Commercial ☐ Still Photos
☐ Public Service Announcement ☐ Industrial / Documentary ☐ Other: _____

Street Closure	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Traffic / Crowd Control	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Fire or Burning	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Explosives or Pyrotechnics	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Animals, Large or Small	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Construction of Any Kind	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Large and/or Numerous Vehicles	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Helicopters, Boats, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stunts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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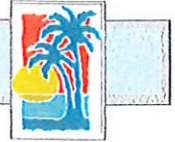
Number in Cast: _____ Number in Crew: _____ Number of locals hired: _____

Total budget: _____ Estimate amount spent in Lee County: _____

Hotel room nights: 0 _____ Number of shooting days: _____

number of rooms x number of nights

Lee County Event Permit Application



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted premises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Lee County Event Permit Application



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

Glendy Valentin

Signature of Applicant

Witness

GLEENDA VALENTIN

Print Name of Applicant and Title

Print Name of Witness

9.1.2021

Date

Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
☐ USE OF COUNTY PROPERTY PERMIT
☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:

To be handled by event staff. If a large crowd is anticipated, additional deputies should be hired to contain and limit any parking issues.

Deputies (How Many?):

2 deputies required per game. This permit page and the detail request form have been filled out according to the schedule that was provided on the application and does not include any additional play off games. Additional games that need be added to the schedule at a later date should be submitted via email to the Lee County Sheriff's Office Details units no later than one week in advance.

Fee for Services:

There is a four hour minimum per deputy on all LCSO details. Contact the Lee County Sheriff's Office Details Unit for cost.

Special Arrangements:

Details will need to be paid for in advance no less than one week prior to the start of each game. If the detail is not paid for in advance, Lee County Parks & Rec will be notified and cancellation of the event may be the result. LCSO is not responsible for seeking out payments. The league is responsible for confirming game dates and times prior to the start of the event to ensure proper coverage. The league is responsible for any time worked by deputies over the scheduled detail times. All changes/additions to game dates or times must be done by email to the Details Unit. Should any game be cancelled/rescheduled, it is the responsibility of the league to notify the Details Unit via email with 24 hour notice. Failure to do so will result in full charge.

Print Name: Lt. S. Brady

Signature:

Lt. Steve J. Brady

Title:

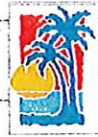
Special Events, Permits and Details

Date:

8-10-21

Pop Warner Football - 1400 W 5th St - Lee County Park
Lehigh Acres Football Association

Lee County Event Permit Application



FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.
Please see User's Guide for contact information and Fire District Map.

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☐ USE OF COUNTY PROPERTY PERMIT
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Fire Guards (How Many?)

N/A

Fee for Services:

No Inspections Requested/Required
No Fees Required at this time.

Flammable Vegetation:

Not Permitted.

First Aid Equipment:

Provide/maintain first aid equipment and staff at all times.
Maintain adequate cellular communications to request medical/fire assistance "911" when needed.

Fire Extinguishing:

As Provided by Parks and Recreation in their facilities. All food trucks/trailers must be inspected and approved by fire district before use. Fire suppression systems required with cooking - grease laden foods.

Special Arrangements:

Must maintain unobstructed access for emergency vehicles along parking lot and north access road. Gates and driveway must remain unobstructed at all times.
Position staff where necessary to keep open.

Note: The fire district was only asked to complete the fire form.

Print Name:

Fred Cooley

Signature:

Fred Cooley

Title:

Fire Inspector

Date:

9/29/2024

Lee County Event Permit Application

**EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY****2000 Main St., Suite #100****FORT MYERS, FL 33901****(239) 533-3911***Check the appropriate box(es) below:*

- ☐ SPECIAL EVENT PERMIT
- ☒ USE OF COUNTY PROPERTY PERMIT
- ☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities:

See Special Arrangements below.

Medical Personnel:

See Special Arrangements below.

Medical Supplies /
Equipment:

See Special Arrangements below.

Safety Requirements:

See Special Arrangements below.

Fee for Services

See Special Arrangements below.

Special Arrangements:

LCEMS defers to Lehigh Acres Fire Control and Rescue District for specifying EMS coverage for this event, as it falls within their response district. Their contact information is:
 636 Thomas Sherwin Ave S, Lehigh Acres, FL 33974
 Phone: 239-303-5300 Email: firerescue@lehighfd.com

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Digitally signed by Douglas B. Higgins
 DN: cn=Douglas B. Higgins, o=Lee County Emergency Medical Services, Lee County Public Safety
 equi/Chief, email=Douglas.B.Higgins@lehighfd.com, c=US
 Date: 2021.08.23 15:55:52 -0400

Title: Division Chief

Date: August 23, 2021

Lee County Event Permit Application



**DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580**

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:

No event parking on Lee County maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

None.

Print Name: **Bryan Miller**

Signature: **Bryan Miller**

Digitally signed by Bryan Miller
Date: 2021.08.11 08:38:04 -04'00'

Title: **Senior Project Manager**

Date: **August 11, 2021**

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION
3410 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33916
(239) 533-7275

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Illumination:

Field lights will be turned off by 11 pm on Saturday nights

Parking Areas:

Must create a parking plan to ensure that all streets and driveways remain open and clear for emergency vehicles to access the park property.

Special Arrangements:

Event organizer is responsible to provide adequate staff/volunteers throughout the event for litter control and debris clean up during and after the event. Follow established guidelines set by the Lee County Sheriff's office. Follow the Youth League Agreement as per Building, Fire and Life Safety codes as well as Ordinance 18-12 and 18-27.

Participants and spectators must disperse and leave the park area to seek safe shelter in their vehicles during lightning alerts and threatening weather.

Print Name: Alise Flanjack

Signature:

Alise Flanjack

Title:

Deputy Director

Date:

8/10/2021

Lehigh Youth Football
Lehigh Comm Park
8/21, 10/2, 10/9, 10/16 - possible
playoffs in Oct. & Nov.

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Insurance Requirements: Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.

Special Arrangements: A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

August 10, 2021

ACORD™**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

07/26/2021

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 have ADDITIONAL INSURED provisions or 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 K&K INSURANCE GROUP, INC. 1712 MAGNAVOX WAY PO BOX 2338 FORT WAYNE IN 46801		CONTACT NAME: Anita Bliss PHONE (A/C, No. Ext): 800-441-3994 x5569 or FAX (A/C, No): E-MAIL ADDRESS: pop.warner@kandkinsurance.com	
INSURED LEHIGH ACRES FOOTBALL ASSOCIATION PO BOX 160 LEHIGH ACRES, FL 33970	MEMBER NO:	INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Company INSURER B: Zurich American Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 41297 16535

COVERAGES**CERTIFICATE NUMBER: W00002485****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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		KRS 0000008839600	08/01/2021 12:01 AM	08/01/2022 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS-COMP/OP AGG \$1,000,000 PARTICIPANT LEGAL LIABILITY \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea Accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<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
	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	N/A				PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
B	PARTICIPANT ACCIDENT			ZPX 0000485085400	08/01/2021 12:01 AM	08/01/2022 12:01 AM	AD&D EXCESS MEDICAL DEDUCTIBLE \$10,000 \$100,000 \$0

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

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, BUT SOLELY WITH RESPECT TO THE ACTIVITIES OF THE NAMED INSURED
 Owner/Lessor/Manager of Premises Utilized for Insured's Activities

SEXUAL ABUSE/MOLESTATION: \$1,000,000 PER OCCURRENCE/\$2,000,000 AGGREGATE

CERTIFICATE HOLDER**CANCELLATION**

LEE COUTY BOARD OF COUNTY COMMISSIONERS
 PO BOX 398
 FORT MYERS, FL 33902

OK 08/10/2021

Mike Joiner

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

Scott Furbush

<<D>>

AGENCY CUSTOMER ID: _____

LOC: _____

ACORD_{TM}

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY K&K Insurance Group, Inc.		NAMED INSURED LEHIGH ACRES FOOTBALL ASSOCIATION PO BOX 160 LEHIGH ACRES, FL 33970 MEMBER NO: _____	
POLICY NUMBER SEE ACORD 25		EFFECTIVE DATE: SEE ACORD 25	
CARRIER SEE ACORD 25	NAIC CODE		

ADDITIONAL REMARKS¹

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

The LEHIGH ACRES FOOTBALL ASSOCIATION includes the following Associations:

LEHIGH ACRES FOOTBALL ASSOCIATION

<<D>>



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
KRS 0000008839600	08/01/2021	LEHIGH ACRES FOOTBALL ASSOCIATION	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED OWNERS AND/OR LESSORS OF PREMISES,
SPONSORS OR CO-PROMOTERS**

This insurance modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. **SECTION II—WHO IS AN INSURED** is amended to include as an additional insured any person(s) or organization(s) of the types indicated by an "x" in any boxes shown below, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

With respect to an additional insured owner and/or lessor of premises, this insurance does not apply to:

- a. An "occurrence" or offense which takes place while you are not a tenant in possession of the subject premises.
- b. "Bodily injury" or "property damage" arising out of:
 - (1) Structural alterations, new construction or demolition operations performed by or on behalf of the owner and/or lessor of premises;
 - (2) Any design defect or structural maintenance of the premises; or
 - (3) Any premises defect.

- B. With respect to the insurance afforded to these additional insureds, the following is added to **SECTION III—LIMITS OF INSURANCE**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

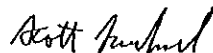
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Schedule of Additional Insureds:

- ☒ Owners and/or Lessors of the premises leased, rented or loaned to you
- ☐ Sponsors
- ☐ Co-Promoters
- ☒ Any individual person(s) or organization(s) listed below:

LEE COUTY BOARD OF COUNTY COM-
MISSIONERS
PO BOX 398
FORT MYERS, FL 33902



/ 07/26/2021

AUTHORIZED REPRESENTATIVE

DATE

Lee County Event Permit Application



**LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221**

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Insurance Requirements: Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.

Special Arrangements: A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature: 

Title: Risk Program Manager

Date: August 10, 2021

ACORD™**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

07/26/2021

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 have ADDITIONAL INSURED provisions or 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
K&K INSURANCE GROUP, INC.
1712 MAGNAVOX WAY
PO BOX 2338
FORT WAYNE IN 46801

CONTACT
NAME: Anita Bliss
PHONE
(A/C, No. Ext): 800-441-3994 x5569 or FAX
(A/C, No.):
E-MAIL
ADDRESS: pop.warner@kandkinsurance.com

INSURED
LEHIGH ACRES FOOTBALL ASSOCIATION
PO BOX 160
LEHIGH ACRES, FL 33970

MEMBER NO:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Scottsdale Insurance Company	41297
INSURER B: Zurich American Insurance Company	16535
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: W00002485

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 INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		KRS 0000008839600	08/01/2021 12:01 AM	08/01/2022 12:01 AM	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS-COMP/OP AGG \$1,000,000 PARTICIPANT LEGAL LIABILITY \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea Accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
B	PARTICIPANT ACCIDENT			ZPX 0000485085400	08/01/2021 12:01 AM	08/01/2022 12:01 AM	AD&D EXCESS MEDICAL DEDUCTIBLE \$10,000 \$100,000 \$0

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

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, BUT SOLELY WITH RESPECT TO THE ACTIVITIES OF THE NAMED INSURED
Owner/Lessor/Manager of Premises Utilized for Insured's Activities

SEXUAL ABUSE/MOLESTATION: \$1,000,000 PER OCCURRENCE/\$2,000,000 AGGREGATE

CERTIFICATE HOLDER

LEE COUTY BOARD OF COUNTY COMMISSIONERS
PO BOX 398
FORT MYERS, FL 33902

OK 08/10/2021

CANCELLATION

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

<<D>>

AGENCY CUSTOMER ID: _____

LOC: _____

ACORDTM

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY K&K Insurance Group, Inc.		NAMED INSURED LEHIGH ACRES FOOTBALL ASSOCIATION PO BOX 160 LEHIGH ACRES, FL 33970 MEMBER NO: _____	
POLICY NUMBER SEE ACORD 25		EFFECTIVE DATE: SEE ACORD 25	
CARRIER SEE ACORD 25	NAIC CODE		

ADDITIONAL REMARKS1

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

The LEHIGH ACRES FOOTBALL ASSOCIATION includes the following Associations:

LEHIGH ACRES FOOTBALL ASSOCIATION

<<D>>



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
KRS 0000008839600	08/01/2021	LEHIGH ACRES FOOTBALL ASSOCIATION	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSUREDS OWNERS AND/OR LESSORS OF PREMISES,
SPONSORS OR CO-PROMOTERS**

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- ☒ Owners and/or Lessors of the premises leased, rented or loaned to you
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- ☐ Co-Promoters
- ☒ Any individual person(s) or organization(s) listed below:

LEE COUTY BOARD OF COUNTY COM-
MISSIONERS
PO BOX 398
FORT MYERS, FL 33902



AUTHORIZED REPRESENTATIVE

/ 07/26/2021

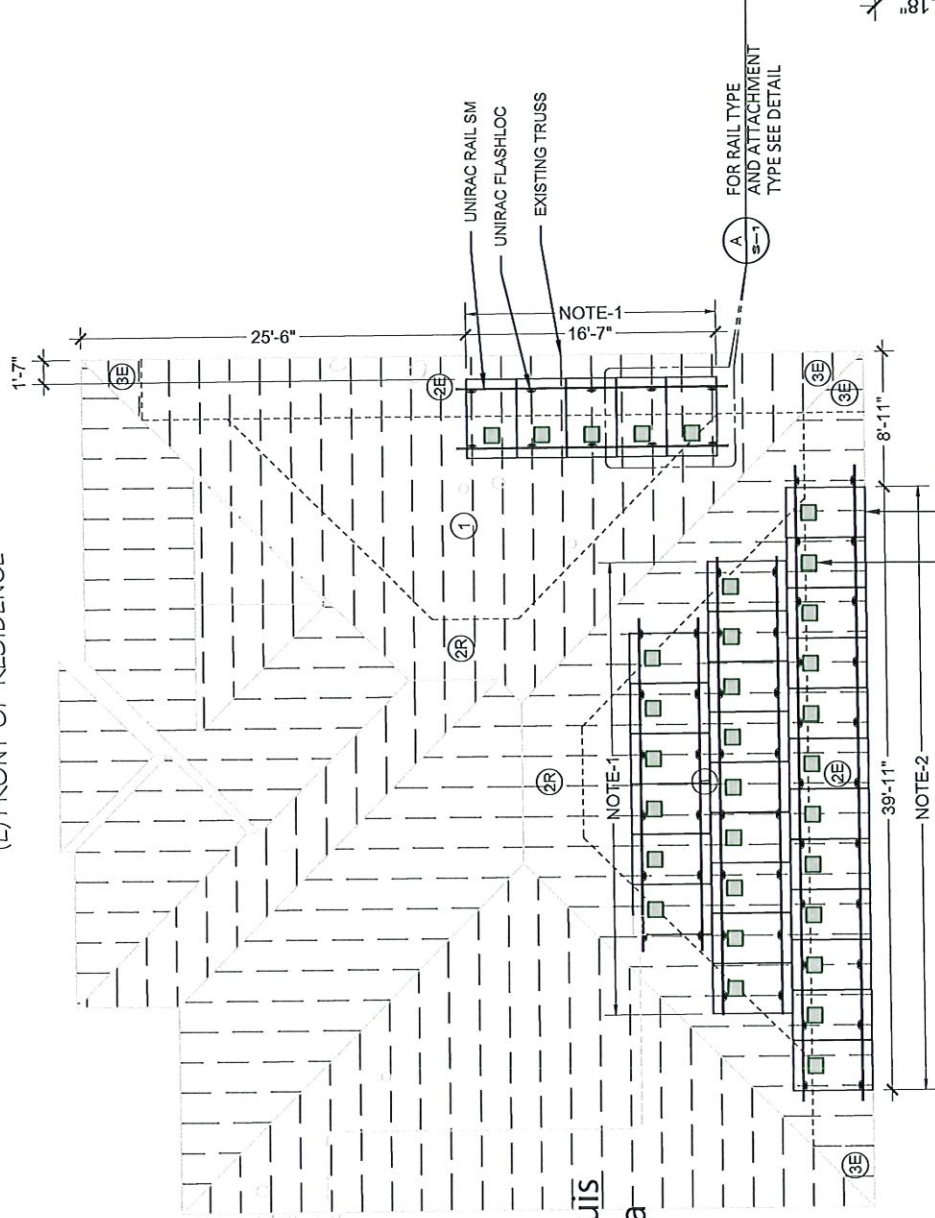
DATE

ROOF DESCRIPTION			
ROOF	ROOF TILT	TRUSS SIZE	TRUSS SPACING
#1	19°	2"x4"	24" O.C.
#2	19°	2"x4"	24" O.C.
			ROOF MATERIAL
			ASPHALT SHINGLE
			ASPHALT SHINGLE

NOTES
 1-ATTACHMENT SPACING @4'-0"
 2-ATTACHMENT SPACING @2'-0"
 3-SEE SHEET S-1 FOR RAIL TYPE AND ATTACHMENT TYPE.

ARRAY AREA & ROOF AREA CALC'S			
ROOF	# OF MODULES	ARRAY AREA (Sq. Ft.)	ROOF AREA COVERED BY ARRAY (%)
#1	5	86.59	653.73
#2	27	468.91	770.08
			61

18TH ST SW
 (E) FRONT OF RESIDENCE

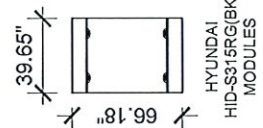


NOTE-1
 16'-7"

NOTE-2
 39'-11"

NOTE-3
 8'-11"

ROOFS #1 & #2
 (32) HYUNDAI HID-S315RG(BK) MODULES
 (32) ENPHASE IQ7-60-2-US MICROINVERTERS



HYUNDAI
 HID-S315RG(BK)
 MODULES

Digitally
 signed by Luis
 A Soto Moya
 Date:
 2021.08.19
 16:29:16
 -04'00'



This item has been electronically signed and sealed by Luis A Soto Moya, PE on the date and/or time stamp shown using a digital signature. Printed copies of this document are not considered signed and sealed.



1 | ROOF PLAN & MODULES
 S-0
 SCALE: 1/8" = 1'-0"



REVISIONS	DATE	REV

Signature with Seal

DATE: 08/19/2021

PROJECT NAME & ADDRESS

LEOPAUL JEAN
 RESIDENCE
 3909 18TH ST SW
 LEHIGH ACRES, FL 33976
 PH #: (239) 980-3440
 Email: leopauljean@gmail.com

SHEET NAME ROOF PLAN & MODULES
SHEET SIZE ANSI B 11" X 17"
SHEET NUMBER S-0

Lee County Event Permit Application



LEE COUNTY VISITOR & CONVENTION BUREAU
2201 SECOND STREET, SUITE 600
FORT MYERS, FLORIDA 33901
(239) 338-3500

Check the appropriate box(es) below:

☐ FILM PERMIT ONLY

AFTER REVIEWING THE APPLICATION. PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Special Arrangements:

N/A

Other:

N/A

Print Name:

Hector Rivera

Signature:

[Signature]

Title:

Vice president

Date:

9.1.2021

Organization Name.

I, Gilenda Valentin, attest to the best of my knowledge, that the
(League President-print)
following coaches listed on the attached excel spreadsheet (dated), have been
through the Level 1 background process and were found to be without any
incidents.

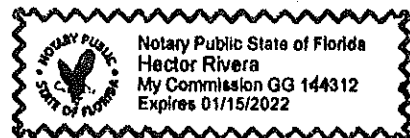
Gilenda Valentin
(League President-signature)

9/8/2021
(Date)

On this, the 8 day of September, 2021, before me a notary public the
undersigned officer personally appeared, known to me to be the person whose
name is subscribed to the within instrument.

In witness hereof, I hereunto set my hand and official seal.

[Signature]
Notary Public



Swiger, Melissa

From: sabrinas fencedynamics.com <sabrinass@fencedynamics.com>
Sent: Thursday, September 16, 2021 1:14 PM
To: Swiger, Melissa
Subject: [EXTERNAL] FNC2021-01684

Hi Melissa,

I am sending you this email regarding FNC2021-01684. Can you tell me what we need to change to make this a pool code fence? Is it the Basket Weave or something else. This has been a nightmare with the homeowner, and I just want to get this installed as soon as possible. I have not received the rejection letter as of yet. Thank you in advance for help you can offer. Thank you

Sabrina Strumbos
General Manager
Fence Dynamics
7541 Sawyer Cir.
Port Charlotte, Fl. 33981
941-697-4448
Sabrinass@fencedynamics.com