

**Celebration, Florida
Special Permit Conditions**

Applicant

Company:	_____	Office:	_____
Representative:	_____	Cell:	_____
Title:	_____	Other:	_____
Signature	_____	Date:	_____

The applicant agrees to have a representative on site at all times with authority over filming director, crew and all other aspects of their operation and empowered to act for the applicant.

Approved By

Land Owner or Governance Entity	Authorized Representative	Date	Approval Fee
Celebration Community Development District (CCDD)	Print: _____ Sign: _____		\$ _____ Paid:
Enterprise Community Development District (ECDD)	Print: _____ Sign: _____		\$ _____ Paid:
Celebration Residential Owners Association (CROA)	Print: _____ Sign: _____		\$ _____ Paid:
Celebration Non-Residential Owners Association (CNOA)	Print: _____ Sign: _____		\$ _____ Paid:
The Celebration Company (TCC)	Print: _____ Sign: _____		\$ _____ Paid:
Lexin Celebration Commercial, LLC (LEXIN)	Print: _____ Sign: _____		\$ _____ Paid:
Other as needed:	Print: _____ Sign: _____		\$ _____ Paid:
Other as needed:	Print: _____ Sign: _____		\$ _____ Paid: