



City of Pompano Beach
Department of Development Services
Planning & Zoning Division



100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4634 Fax: 954.786.4666

Application of Movable Fixtures

APPLICATION FOR REGISTRATION OF NEWSRACK, BENCH OR OTHER MOVABLE FIXTURE IN THE PUBLIC RIGHT-OF-WAY IN ACCORDANCE WITH SECTION 100.40 OF THE CITY OF POMPANO BEACH CODE OF ORDINANCES.

Date

Applicant's Name (Print)

Applicant's Address

Applicant's Telephone Number

E-mail Address

Contact Person

Contact's Telephone Number

E-mail Address

Description of Fixture

Location of Fixture

FOR NEWSRACKS CHECK ONE: ___ INDIVIDUAL NEWSRACK
___ MODULAR NEWSRACK

Individual newsrack shall not exceed 54 inches in height, 40 inches in width or 24 inches in depth. Modular newsracks may not exceed 60 inches in height. The height of handles and coin mechanisms shall not exceed 48 inches from the base of any newsrack or modular newsrack. Modular newsracks shall be light blue in color as approved by the City.

Application must be accomplished by all of the following:

- 1. A map or diagram provided by the Engineering Department depicting the precise location of the proposed fixture as well as all clear zones.
2. An indemnification agreement with the City.
3. Proof of insurance covering any and all liability damage, including both personal and real property in the amount of three hundred thousand dollars (\$300,000) and listing the City as an additional insured.



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City Review			
City Risk Manager	<input type="checkbox"/>	Approved	<input type="checkbox"/> Denied
If Denied Provide Explanation:			
Signature of Reviewer:		Date:	
City Engineer	<input type="checkbox"/>	Approved	<input type="checkbox"/> Denied
If Denied Provide Explanation:			
Signature of Reviewer:		Date:	
City Zoning Director	<input type="checkbox"/>	Approved	<input type="checkbox"/> Denied
If Denied Provide Explanation:			
Signature of Reviewer:		Date:	
City Building Official	<input type="checkbox"/>	Approved	<input type="checkbox"/> Denied
If Denied Provide Explanation:			
Signature of Reviewer:		Date:	