



CITY OF PICO RIVERA
TEMPORARY USE PERMIT APPLICATION

FEE: _____

APPLICATION NO.: _____

DEPOSIT: _____

DATE: _____

PRINT APPLICANT'S NAME

MAILING ADDRESS

PHONE

PRINT OWNER'S NAME

MAILING ADDRESS

PHONE

Location of Property _____

Zone Classification _____ General Plan Designation _____

Describe the scope, nature, and purpose of the proposed event:

Please list the event DAYS and HOURS in which the development/event will occur:

Property Specifics:

- Number of parking stalls on property: _____
- Number of parking stalls used for the event and by event staff: _____
- Will there be light poles needed for the event? _____

Development/ Event Specific Information:

- Number of tents/ size: _____
 - o Canopies: YES NO
 - o Booths? YES NO

Note: *All tents, canopies, and booths must be secured for wind.*

- Number of tables/ size: _____
- Number of people expected at the event: _____
- Will there be security personnel provided? _____
 - o If yes, how many personnel expected?

- Will there be live entertainment? _____

Building Division:

- Will there be a stage? YES NO
 - o If yes, will it be over 30 inches off the ground? _____
 - o Is it listed and approved through a 3rd party? _____
- Will the event involve electrical equipment? (ex., a PA system, lighting, etc)

Other Permitting:

- Will there be food provided/ sold at the event? _____
 - o If yes, a Temporary Health Permit will be required from the LA County Department of Public Health 30 DAYS PRIOR to the date of the event.
- Will there be alcoholic beverages provided at the event? _____
 - o If yes, you must apply for a permit with the Alcoholic Beverage Control 10 DAYS PRIOR to the date of the event.

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1. This application must be accompanied by:
 - A. Three (3) copies of a site plan drawn on attached sheet specifying location, dimensions and setback distances to adjacent buildings and property lines, and location of existing parking spaces and driveway aisles.
 - B. Three (3) copies of a floor plan, if proposed use is to be located within an existing building.

- C. If the applicant does not own the property included in this application, submit a letter of consent from the property owner(s) or provide signature below.
 - D. Verification of non-profit organization status. (If applicable).
 - E. Application must be received **2 WEEKS PRIOR** to the date of the event.
 - F. No more than 3 Temporary Use Permits permitted per 12 month period.
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2. Statements of fact to be explained by the applicant:

- A. That the operation of the requested use at the location proposed and within the time period specified will not jeopardize, endanger or otherwise constitute a menace to the public health, safety, or general welfare because

- B. That the proposed site is adequate in size and shape to accommodate the temporary use because

- C. That the proposed site is adequately served by streets or highways having sufficient width and improvements to accommodate the kind and quantity of traffic that such temporary use will or could reasonably generate because

- D. That adequate temporary parking to accommodate vehicular traffic to be generated by such use will be available either on-site or at alternate locations acceptable to the Zoning Administrator because

- E. That the use would not jeopardize the public peace, safety or general welfare, or be injurious or detrimental to properties adjacent to, or in the vicinity of, the proposed location of the activity because

- F. That the use will comply with ADA requirements for disability access to both the building and restrooms, whether temporary or permanent because

Signature of Applicant

Signature of **Property Owner**

ADDRESS _____ APPLICATION NO. _____

APPLICANT _____

PLOT PLAN

1. All Temporary Use related items including advertising to be removed upon termination of this temporary time period grant.
2. The \$300.00 Deposit will be refunded provided that all Temporary Use items are removed from the premises. **A deduction of 10% (\$30) is to be withheld for each day that exceeds the ending date, noted above.**
3. Prior to releasing the Deposit, a field site inspection will be conducted to verify removal of all Temporary Use items.

(FOR DEPARTMENT USE ONLY)

RECEIVED BY: _____ APPROVED _____
Signature/ Date

ENDING DATE: _____ DENIED _____
Signature/ Date

cc: Revenue Division

REQUEST FOR REFUND

_____ Ending Date

Please refund the \$300.00 deposit paid for Temporary Use Permit No. _____. I understand that all evidence of this approved activity is to be removed prior to any refund.

Make check to: Name: _____
Address: _____

Applicant (please print): _____

Project Address: _____

Daytime Telephone: _____

Applicant's Signature

Department policy allows a 48 hour period to remove promotional advertising after notification by Department Staff.

For City Use	
Inspection Date:	_____
By:	_____
Advertising Removed:	_____
Refund Mailed:	_____