



COUNTY OF SANTA BARBARA

Planning and Development

[www.sbcountyplanning.org](http://www.sbcountyplanning.org)

# Temporary Use (Special Event) CDP/LUP

**TEMPORARY USE (SPECIAL EVENT) (CDP/LUP) - - A Temporary Use (Special Event) Coastal Development Permit or Land Use Permit may be approved by the Director for temporary uses of land or structures for events of a limited duration including art shows, carnivals, car washes, charitable functions, farmer's markets, parking lot sales, reception facilities, rodeos, seasonal sales lots and swap meets.**

*(County LUDC Section 35.42.260; Montecito LUDC Section 35.442.180; Article II Section 35-137)*

## THIS PACKAGE CONTAINS

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- ✓ PROCESSING REQUIREMENTS
- ✓ SUBMITTAL REQUIREMENTS
- ✓ APPLICATION
- ✓ INDEMNIFICATION AGREEMENT

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**South County Office**  
123 E. Anapamu Street  
Santa Barbara, CA 93101  
Phone: (805) 568-2000  
Fax: (805) 568-2030

**North County Office**  
624 W. Foster Road, Suite C  
Santa Maria, CA 93455  
Phone: (805) 934-6250  
Fax: (805) 934-6258

Website: [www.sbcountyplanning.org](http://www.sbcountyplanning.org)

## PROCESSING OVERVIEW

Prior to filing the application with Planning and Development the applicant shall obtained the following:

1. **Notification** to the Supervisor of the Supervisorial District in which the event is to take place.

|                        |          |
|------------------------|----------|
| First District Office  | 568-2186 |
| Second District Office | 568-2191 |
| Third District Office  | 568-2192 |
| Fourth District Office | 737-7700 |
| Fifth District Office  | 346-8400 |

Obtain **written authorization** from the following:

2. County Fire Department - Obtain required permit and special conditions.  
Phone Number 681-5500
3. County Public Works, Transportation Division  
Phone Number 568-3232
4. County Sheriff and/or California Highway Patrol  
(Sheriff) Phone Number 681-4100  
(CHP) Phone Number 349-8728
5. Any applicable Homeowner's or Protective Association
6. County Risk Manager regarding insurance.  
Phone Number 884-6860

### Insurance Requirements

Without limiting Permittee's indemnification of County and any other named permitors, Permittee shall provide and maintain at its own expense during the term of the permit the following policy or policies of insurance covering its operations hereunder.

Such insurance shall be secured through a carrier satisfactory to the County Risk Manager and evidence of such insurance satisfactory to the County Risk Manager shall be delivered to Planning and Development prior to the issuance of the Land Use Permit or Coastal Development Permit. Such evidence shall specifically identify the permit and shall contain express conditions that County is to be given written notice of at least thirty (30) days in advance of any modification or termination of any policy of insurance:

- a. General Liability: Such insurance shall include, but not be limited to, comprehensive general liability and comprehensive general liability and comprehensive auto liability with a combined single limit of not less than \$1,000,000 per occurrence. Such insurance shall be primary to any other insurance maintained by County and shall name the County of Santa Barbara and any other named permitors as additional insureds.
- b. Workers' Compensation: Permittee shall cover its employees with Workers' Compensation insurance in an amount and form to meet all applicable requirements of the Labor Code of the State California and which specifically covers the persons and risks involved in this permit.

## **TEMPORARY USE APPLICATION SUBMITTAL REQUIREMENTS**

\_\_\_ 3 Copies of the application  
(if the parcel is currently under AG Preserve Contract, submit 7 additional copies)

\_\_\_ 3 Copies of the project description including the following information and any additional relevant information for review of the project.

Dates of operation, hours of operation, location, address, Assessor's parcel number(s), area covered, area of parking, access to parking areas, traffic control methods, number of employees involved, type and number of heavy equipment, parking plan for heavy equipment and vehicles, method of illumination, maintenance and clean-up program, and grading.

\_\_\_ 3 Copies of a vicinity map

\_\_\_ 3 Copies of a project map



PLANNING & DEVELOPMENT
PERMIT APPLICATION

SITE ADDRESS: \_\_\_\_\_

ASSESSOR PARCEL NUMBER: \_\_\_\_\_

PARCEL SIZE (acres/sq.ft.): Gross \_\_\_\_\_ Net \_\_\_\_\_

ZONING: \_\_\_\_\_

COMPREHENSIVE/COASTAL PLAN DESIGNATION: \_\_\_\_\_

Are there previous permits/applications? [ ]no [ ]yes numbers: \_\_\_\_\_

(include permit# & lot # if tract)

Did you have a pre-application? [ ]no [ ]yes if yes, who was the planner? \_\_\_\_\_

Are there previous environmental (CEQA) documents? [ ]no [ ]yes numbers: \_\_\_\_\_

Project description summary: \_\_\_\_\_

1. Financially Responsible Person \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_
(For this project)

Mailing Address: \_\_\_\_\_
Street City State Zip

2. Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_
Street City State Zip

3. Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_
Street City State Zip

4. Arch./Designer: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State/Reg Lic# \_\_\_\_\_
Street City State Zip

5. Engineer/Surveyor: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State/Reg Lic# \_\_\_\_\_
Street City State Zip

PERMITTEE WAIVES ALL CLAIMS AGAINST THE COUNTY OF SANTA BARBARA, ITS OFFICERS, AGENTS AND EMPLOYEES, FOR FEES OR DAMAGE CAUSED BY, ARISING OUT OF, OR IN ANY WAY CONNECTED WITH THE EXERCISE OF THIS PERMIT. I hereby certify to the best of my knowledge, the information contained in this application and all attached materials are correct, true and complete.

Property Owner's Signature

Signature of Responsible Party of Premises

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COUNTY USE ONLY

Case Number: \_\_\_\_\_ Companion Case Number: \_\_\_\_\_

Supervisory District: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

Applicable Zoning Ordinance: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Project Planner: \_\_\_\_\_ Accepted for Processing \_\_\_\_\_

Zoning Designation: \_\_\_\_\_ Comp. Plan Designation \_\_\_\_\_