



COUNTY OF SANTA BARBARA

Planning and Development

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

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

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

Energy Division
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

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

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 _____