



CITY OF MURRIETA

Development Services Department

Planning Division

1 Town Square | Murrieta, CA 92562 | 951-461-6061

www.murrietaca.gov

Temporary Use Permit Application (DS-252)

A Temporary Use Permit is required for certain projects that because of their nature or operation may affect neighboring properties. In order to ensure compatibility with neighboring properties, The Planning Division will review such items as traffic, relationship with surrounding properties, and the operation of the use. The Planning Division may require certain conditions that ensure that the proposed use will not cause an adverse impact to the neighborhood. Under no circumstances shall a temporary use permit be used on or for a property that is also used for a Short-Term Vacation Rental (STVR) (violation that will cause immediate revocation of the STVR permit).

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

For Planning Division Office Use Only

Case Number: _____ Date Submitted: _____ Received by: _____

PROJECT INFORMATION

PROJECT DESCRIPTION (describe proposed temporary use/event)

Project Name/Name of Center: _____

PROPERTY INFORMATION

Assessor's Parcel Number(s): _____

Approximate Gross Acreage/Net Acreage: _____ Current Zoning: _____

Property Address: _____

APPLICANT/PROJECT MANAGER/OWNER INFORMATION

PLEASE INDICATE WHICH OF FOLLOWING WILL FUNCTION AS THE CONTACT PERSON FOR THIS PROCESS
(SELECT ONLY ONE): Applicant Project Manager Property Owner

APPLICANT

Contact Name: _____ E-Mail: _____

Company Name: _____ E-Mail: _____

Mailing Address: _____

Street

City

State

ZIP

Daytime Phone No: () _____ Fax No.: () _____

PROJECT MANAGER (Representative for Developer)

Contact Name: _____ E-Mail: _____

Company Name: _____ E-Mail: _____

Mailing Address: _____

Street

City

State

ZIP

Daytime Phone No: () _____ Fax No: () _____

PROPERTY OWNER

Name: _____ E-Mail: _____

Mailing Address: _____

Street

City

State

ZIP

Daytime Phone No: () _____ Fax No: () _____

If the property is owned by more than one person, attach a separate page that references the application case number and lists the names, mailing addresses, and phone numbers of all persons having an interest in the real property or properties involved in this application.

OWNER CERTIFICATION

I CERTIFY UNDER THE PENALTY OF THE LAWS OF THE STATE OF CALIFORNIA THAT I AM THE PROPERTY OWNER OF THE PROPERTY THAT IS THE SUBJECT MATTER OF THIS APPLICATION AND I AM AUTHORIZING AND DO HEREBY CONSENT TO THE FILING OF THIS APPLICATION AND ACKNOWLEDGE THAT THE FINAL APPROVAL BY THE CITY OF MURRIETA, IF ANY, MAY RESULT IN RESTRICTIONS, LIMITATIONS AND CONSTRUCTION OBLIGATIONS BEING IMPOSED ON THIS REAL PROPERTY.

All signatures must be originals ("wet-signed"). Photocopies of signatures are **not** acceptable.

PRINTED NAME OF OWNER

SIGNATURE OF OWNER

PRINTED NAME OF OWNER

SIGNATURE OF OWNER

If the property is owned by a Corporation, Partnership, or Limited Liability Company ("LLC"), provide documentation that the individual signing is authorized to sign on behalf of the Corporation, Partnership, or LLC.

Written authorization from the legal property owner is required. An authorized agent for the owner must attach a notarized letter of authorization from the legal property owner.

If the property is owned by more than one person, attach a separate page that references the application case number and lists the names, mailing addresses, and phone numbers of all persons having an interest in the real property or properties involved in this application.

See attached sheet(s) for other property owner's signatures.

FILING INSTRUCTIONS FOR TEMPORARY USE PERMIT APPLICATION

The following instructions are intended to provide the necessary information and procedures to facilitate the processing of a Temporary Use Permit application. Your cooperation with these instructions will insure that your application can be processed in the most expeditious manner possible.

THE TEMPORARY USE PERMIT APPLICATION PACKAGE MUST CONSIST OF THE FOLLOWING:

Please contact the Planning Division to verify submittal requirements. City staff may request additional items based on initial review. Applications require a minimum 30 days to process and in some cases may take up to two months. Applications for events occurring in less than the 30 day period may not be accepted or may be denied.

INITIAL SUBMITTAL:

1. Complete and signed application form.
2. The appropriate fee for the application type or types. To view the Fee Schedule, go to: murrieta.civicplus.com/DocumentCenter/View/661/Fee-Schedule---Planning-Only-2018-to-2019--PDF
3. Ten (10) sets of site plan (folded to 8 ½" x 11")
4. Certificate of Insurance naming the city of Murrieta as additional insured (See example at end of application)
5. City of Murrieta Business License
6. Security Service contract (if applicable)
7. ABC license (if applicable)
8. Health Department approval (if applicable)
9. Property lease
10. Completed Event Form (part of this package)

**CITY OF MURRIETA
TEMPORARY USE PERMIT CHECKLIST**

The following information is to be shown on the site plan submitted as part of an application for a Temporary Use Permit. Distinguished between existing (dashed lines) and proposed (solid lines) and show sufficient dimensions to adequately describe the development proposed.

1. Property lines and dimensions.
2. Building and structure footprints.
3. All abutting streets.
4. Parking lot layout handicapped facilities and all curbs, sidewalks, etc. Show number of parking stalls.
5. Location of road closures and type of equipment to be used.
6. Location and method of outdoor lighting for buildings and parking lot.
7. Location and number of portable restrooms including handicap.
8. Location of proposed and existing fire extinguishers.
9. All points of ingress and egress.
10. Location of all proposed signage.
11. Location of medical services (if applicable).
12. A vicinity map.
13. Construction Trailers: a) Identify location of temporary power pole (if applicable). b) Identify location of construction trailer and employee parking.
14. Parking lot sales: a) Identify location limits of sales area within parking lot or store frontage. b) Identify any tents or canopies being installed at the site.

Additional copies of this application may be obtained from the Planning Division Web Page at <https://www.murrietaca.gov/286/Applications-Forms>

EVENT FORM

TITLE OF EVENT: _____

TYPE OF EVENT: _____

LOCATION OF EVENT: _____

DATES OF EVENT: _____

SET-UP DATE: _____ CLEAN-UP DATE: _____ EVENT TIMES: _____

SPONSOR OF EVENT: _____

ACTIVITES: _____

ENTERTAINMENT: _____

FOOD SALES: YES NO

ALCOHOL SALES: YES NO (If Yes, please provide copy of approved ABC permit with submittal of TUP)

EXPECTED AMOUNT OF PEOPLE: _____ AT ONE TIME _____ ENTIRE EVENT _____

SPECIAL REQUEST: _____

COMMERCIAL LIABILITY INSURANCE EXAMPLE

(Please attached insurance documents once completed)

		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)	
PRODUCER INSURANCE AGENT NAME INSURANCE AGENT ADDRESS		THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED INSURED NAME INSURED ADDRESS		INSURERS AFFORDING COVERAGE INSURER A: INSURANCE COMPANY NAME(S) INSURER B: INSURER C: INSURER D: INSURER E:		NAIC #	
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIED PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> LOC.	POLICY NUMBER POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY) CURRENT POLICY PERIOD	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/POP AGG \$1,000,000 \$2,000,000	
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	POLICY NUMBER POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY) CURRENT POLICY PERIOD	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS COMBINE US SINGLE LIMIT (Per accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ \$1,000,000 \$	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				LIMITS AUTO ONLY - EA ACCIDENT OTHER THAN SA ACC AUTO ONLY: AGG \$ \$1,000,000 \$2,000,000	
EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				LIMITS EACH OCCURRENCE AGGREGATE \$ \$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROSPECT OR EMPLOYEE EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	POLICY NUMBER POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY) CURRENT POLICY PERIOD	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$1,000,000 \$1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS The City of Murrieta, its officers, employees and agents as additionally insured.					
CERTIFICATE HOLDER City of Murrieta 1 Town Square Murrieta, CA 92562			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE		
ACORD 25 (2001/08)			© ACORD CORPORATION 1988		

Coverage

Commercial General Liability

Auto Liability

Proof of Workers Compensation

Limits

\$1 Million per Occurrence

\$2 Million Aggregate

Additionally Insured

The City of Murrieta, its officers, employees and agents named.

If a policy contains a "blanket" additionally insured, then the Certificate must note "City of Murrieta as additionally insured per by "blanket endorsement".

If policy has no blanket endorsement refer to following page for endorsement

Insurance Company

Must be licensed to do business in California.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

The City of Murrieta, its officers, employees, and agents.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.