



City of Malibu

23825 Stuart Ranch Road · Malibu, California · 90265-4861
Phone (310) 456-2489 · Fax (310) 456-7650 · www.malibucity.org

TUP No. _____ - _____

TEMPORARY USE PERMIT APPLICATION

(Events in non-residential zones)

The City of Malibu will not accept incomplete applications.

GENERAL INFORMATION

Please provide complete information. Print clearly.

EVENT ADDRESS: _____
 PROPERTY OWNER NAME: _____
 PROPERTY OWNER ADDRESS: _____ ZIP: _____
 OWNER PHONE #: _____ FAX #: _____
 APPLICANT NAME: _____
 APPLICANT ADDRESS: _____ ZIP: _____
 APPLICANT PHONE #: _____ FAX #: _____
 E-MAIL ADDRESS: _____
 SPONSORING ORGANIZATION NAME: _____
 APPLICANT'S RELATIONSHIP TO ORGANIZATION: _____

REVIEW REQUESTED (Check All Applicable Boxes)

Application for Temporary Use Permit for:

Private Event Parking Event Date: _____
 Fundraiser Carnival / Festival
 Other _____

I certify that I am presently the legal owner or authorized agent of the above described property. Further, I acknowledge the filing of this application and certify that all of the information contained within the application is true and current. I also understand that failure to provide truthful and accurate information or to provide public notice as required may result in a delay in processing the application or may cause grounds for revocation of the permit. In addition, I grant permission to the City to conduct site visits necessary to investigate the proposed event. (If the undersigned is different from the legal property owner, then a letter of authorization must accompany this form).

 PROPERTY OWNER SIGNATURE PROPERTY OWNER NAME (PRINT) DATE

 APPLICANT SIGNATURE APPLICANT NAME (PRINT) DATE

Fees

TEMPORARY USE PERMIT: \$290.00 (Non-Profit) \$696.00 (For Profit) \$1,688.00 (Road Race)

NAME OF NONPROFIT ORGANIZATION: _____

CHECK CASH CREDIT CARD (2.36% Transaction Fee will apply)

TEMPORARY USE PERMIT- SUBMITTAL CHECKLIST

1. **Uniform Application**

Page 1 of this form signed by the property owner and the applicant. If applicant is an organization, specify the legal name of the organization and the individual applicant's relationship.

2. **Submittal Checklist**

This form, signed by applicant.

3. **Coastal Development Permit Questionnaire**

Refer to page 4 of this application.

4. **Application Fee(s) or Proof of Non-Profit Status**

The discounted application fee are for non-profit organizations only; proof of non-profit status is required at time of submittal.

5. **Property Owner's Written Permission**

Obtain the written permission of the owners of **all properties being used**, other than the site address – e.g. offsite parking locations.

6. **Site Plan (8 1/2" x 11")**

Show lot dimensions, access to site, parking areas, valet area, if any, location of all temporary structures, including location of restrooms (200 feet from food stations), food service locations, bar location, utensil and hand washing stations, Water supply (potable water), generators, lighting, fires, candles, step and repeat, media, stage, dance floor, bounce house, Bleachers, trash cans and recycling bins, valet, etc.

7. **Parking Plan – Proof of Parking Arrangement**

- Written permission from owner of any property where vehicles will be parked
- Signed contract with valet or shuttle service provider
- Certificate of insurance from the valet or shuttle service provider
- Valet or Shuttle route

Note: Valet attendants required to wear high-visibility safety apparel

8. **Event Signs**

Provide the location, dimensions and content of all the proposed event signs.

9. **Other Agency Permits**

May include, but not be limited to, California Transit Authority, Alcohol Beverage Control, LA County Fire Dept. (tents, generators, candles, flames and flammable liquid), LA County Dept. of Public Health (food), LA County Beaches and Harbors, California State Parks and Recreation.

10. **Written Event Description**

Refer to page 5 of this application and provide a **detailed** description.

11. **Proof of Liability Insurance**

For Property and for Service Providers (1 million dollar minimum liability).

12. **Certified Public Notice Property Owner and Occupant Addresses and Radius Map**

- Microsoft Excel Workbook

All properties, residential units, and commercial suites within the 500-foot mailing radius shall be provided in a Microsoft Excel spreadsheet. Each distinct address within the radius shall be listed twice, one reflecting the tenant's address and the other reflecting the property owner's address. The project applicant's mailing address should be added at the end of the list. Column headers must include:

- Street Address 1
- Street Address 2 (Apartment Unit or Commercial Suite Number)
- City;
- State Abbreviation;
- Five-digit ZIP Code; and
- Accessor's Parcel Number (APN)

An additional column for "arbitrary number" may be included if the supplied radius map utilizes such numbers for the purpose of correlating the addressee to their map location.

- Radius Map (showing a 500 foot radius from the subject property, which intersects all—or a portion—of at least ten developed properties)
- Certification Letter (signed and dated by the preparer)

Note: The mailing data is valid for six months from the preparation date.

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13. Waste Reduction and Recycling Plan

Applicant shall contract with a City permitted Solid Waste Hauler. (A list of permitted Solid Waste Haulers is available at the public counter and on the City's website.) A Recycling & Disposal Plan and Post-Event Report are required for events with **2,000 or more persons**. By signing this checklist, applicant agrees to submit the Post-Event report within 10 days of end of event.

I hereby certify that the attached application contains all of the above items. I understand that if any of the items are missing or subsequently deficient, the application is not complete, may be rejected, or may constitute grounds for revocation of any permit issued.

APPLICANT SIGNATURE

DATE

PRINT APPLICANT NAME

TEMPORARY USE PERMIT COASTAL DEVELOPMENT PERMIT QUESTIONNAIRE

The following statements require the response of the event applicant. An event will NOT require a Coastal Development Permit if responses are consistent with the **bold** responses. If any responses are not consistent with the **bold** responses, the event will require a Coastal Development Permit (City of Malibu LCP Local Implementation Plan Section 13.4.9).

- | | | | |
|----|---|-----|-----------|
| 1. | The event will occur on, or between Memorial Day and Labor Day
If "No" , Statement No. 2 does not apply; skip to #3. | Yes | No |
| 2. | The event will occur on, or between Memorial Day and Labor Day, but will be less than one day in duration (including set up and take down)? | Yes | No |
| 3. | The event will occupy some portion of a publicly or privately owned sandy beach or park area; public pier, public beach parking area
If "No" , Statement No. 4 does not apply; skip to #5. | Yes | No |
| 4. | The event will occur in a location that is remote, with minimal demand for public use and there is no potential for adverse effect of sensitive coastal resources. | Yes | No |
| 5. | A fee will be charged for general public admission / seating.
If "No" , Statement No. 6 does not apply. | Yes | No |
| 6. | Respond to each statement that applies: | | |
| | (a) A fee will be charged for general public admission / seating but it is the same fee currently charged for use of the same area (not including booth or entry fees.) | Yes | No |
| | (b) A fee will be charged but it is for preferred seating only and more than 75% of the provided seating capacity will be available free of charge for general public use | Yes | No |

Staff Use Only

After initial review, the project must meet the following criteria:

- | | | | |
|----|--|-----|----|
| 1. | The event will result in no adverse impact on opportunities for public use of or access to the area due to the proposed location and or timing of the event either individually or together with other temporary events scheduled before or after the particular event. | Yes | No |
| 2. | There will be no direct or indirect impacts from the event and its associated activities or access requirements on environmentally sensitive habitat areas, rare or endangered species, significant scenic resources, or other coastal resources as defined in this ordinance. | Yes | No |
| 3. | The event has not previously required a coastal development permit to address and monitor associated impacts to coastal resources. | Yes | No |

CDP REQUIRED: YES NO REVIEWED BY: _____

TUP No. -

If no portable restrooms are provided, please include a letter from the Onsite Wastewater Treatment System's Designer, indicating the system can accommodate the proposed crowd. This letter will be reviewed by the City of Malibu Environmental Health Administrator for an additional fee of \$404.

Temporary structures: no yes
If yes, number/type/size: _____

Will alcohol be served? no yes

Music: none
 acoustic only / describe: _____
 amplified / describe: _____
 location(s) _____
 hours _____

Temporary lighting: no yes (if yes indicate the location on the site plan)
Number/type/watts/lumens: _____

Will this event be advertised? no yes where: _____

Pyrotechnics / fire no yes describe: _____

Indemnification clause

The property owners, and their successors in interest, shall indemnify and defend the City of Malibu and its officers, employees and agents from and against all liability and costs relating to the City's actions concerning this project, including (without limitation) any award of litigation expenses in favor of any person or entity who seeks to challenge the validity of any of the City's actions or decisions in connection with this project. The City shall have the sole right to choose its counsel and property owners shall reimburse the City's expenses incurred in its defense of any lawsuit challenging the City's actions concerning this project.

PROPERTY OWNER SIGNATURE

PROPERTY OWNER NAME (PRINT)

DATE

TEMPORARY USE PERMIT- RECYCLING AND DISPOSAL PLAN

The City of Malibu requires that this Recycling & Disposal Plan be submitted at least **30 days** before the start of any event, including the set up day(s) for the event. Any large venue or event must plan for the removal, disposal, and diversion of, and reporting of all recyclables and solid waste. It is required that 50% of all materials be diverted from landfills. Each event is required to account for all materials removed from the site and submit a post-event Recycling & Disposal Report along with hauling receipts from each landfill, facility or vendor to the Environmental Sustainability Department.

1	Event Name		Event Date(s)	
1a	Venue Name			
2	Venue Location/Address			
3a	Contact Name		E-Mail Address	
3b	Contact's Mailing Address			
3c	Contact's Phone #		Cell #	
3d	Contact's Fax #			
4	On Location Contact		Cell #	
5	Description of Event			
6	Estimated Number of Attendees and Volunteers			
7	Set-Up Date(s)		Breakdown Date(s)	
8	Event Start Time		Event Ending Time	
9a	Number of Vendors			
9b	Type(s) of Vendors (describe)			
9c	Food & Beverage Vendors *Must use recyclable and/or compostable food ware/packaging; Prohibited items include plastic shopping bags, polystyrene products, plastic/bioplastic straws, stirrers, and cutlery.	Type(s) of Straws, Stirrers, Cutlery		
		Type(s) of Serve and Take-out Containers (plates, bags, etc.)		
		Type(s) of Beverage Containers		
11	Solid Waste Hauler *Must hold a <u>current</u> permit for solid waste hauling within the City of Malibu			

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12	Number & Size of Waste Containers		Number & Size of Recycling Containers *There must be <u>at least</u> one (1) recycling container placed <u>next to</u> each waste container. Any change requires Public Works approval.	
13	Describe frequency that all containers will be picked up (during and after the Event)			
14	Describe how you will divert reusable and recyclable materials			
15	Describe how containers for recyclables will be distributed throughout the Event			
16	Describe how litter from Event will be prevented in parking area and from leaving the site			
17	Explain how 50% of all materials will be diverted			
18	Additional Information			

Submit **Completed Plan** to:

City of Malibu
 Environmental Sustainability Department
 Attn: Environmental Programs Staff
 23825 Stuart Ranch Road
 Malibu, CA 90265

Any Questions: call (310) 456-2489 or after business hours (805) 732-9433

Staff Use Only

Date Received: _____ Complete Or Incomplete Reviewed By: _____

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TEMPORARY USE PERMIT- RECYCLING & DISPOSAL REPORT

Event Name: _____ TUP No. _____

Event Physical Address: _____ Contact E-Mail: _____

Contact Name: _____ Contact Phone: _____

Company/Organization Name: _____ Fax: _____

AB 939 Goal Requirement: Reduce quantity of materials disposed at landfills by 50% or more. Report is due within 10 days of end of Event.
Columns A, B, C: List quantities **reused, recycled, or disposed** for each material type in tons.
Column D: List total quantities (A + B + C) of **waste** in tons (visit <http://www.calrecycle.ca.gov/LGCentral/Library/dsg/Apndx1.htm> for a conversion worksheet). Multiply pounds by 0.0005 to convert pounds to tons.
Column E: State the **name of all vendors or facilities** used (see example below).

Material Type Indicate quantities (<i>in tons only</i>) for materials listed below.	A Quantity Salvaged or Reused	B Tons Recycled	C Tons Landfilled	D Total Tons Generated (A + B + C = D)	E Material/Facility Final Destination(s) <i>Designate each</i> (S)= Salvaged (R)= Recycled (D)=Disposal
EXAMPLE ONLY: Cardboard		.5	1.5	2 tons	(R) Best Recycling, Co. (D) Dump Your Trash Landfill
Metals: Aluminum, Tin, Steel, etc.					
Glass (all)					
Paper (mixed)					
Plastics (all)					
Other Recyclable Materials					
Food Scraps					
Cooking Oil/Grease					
C & D: other debris					
Asphalt, Concrete, Bricks					
Salvage Items: (fixtures, sets, etc.)					
Dirt; Clean Fill					
Wood, Pallets, Crates, etc.					
Landscape Debris (brush, trees, etc.)					
Greenwaste					
E-Waste: Batteries, cell phones, TV, misc.					
Garbage/Trash					
Column Totals					

Complete the following with the column totals to determine if you succeeded in **diverting 50%**

(**A** _____ + **B** _____) divided by **D** _____ = _____ X 100 = _____ %

If the above Percentage is less than 50%, *explain why:* _____

Print Name: _____ Signature: _____ Date: _____

Staff Use Only
 Date Received: _____ Approved Or Denied
 Reviewed By: _____

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