

**City of Carpinteria, California**



**DEPARTMENT OF PUBLIC WORKS**

**SPECIAL EVENT PERMIT APPLICATION**

EVENT NAME: \_\_\_\_\_

**APPLICANT INFORMATION**

Organization Name (If applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternative Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of proposed event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ To: \_\_\_\_\_

Assemble Time: \_\_\_\_\_ Disassemble Time: \_\_\_\_\_

Estimated Number of Participants: \_\_\_\_\_

**SITE PLAN/MAP ROUTE/TRAFFIC CONTROL PLAN DIAGRAM**

Your site plan should include the following:

- Outline of entire event, including street names. If your event includes road closures, please indicate the location of all closures, route to be traveled (if athletic event), including direction of travel and detours.
- The location of all stages, platforms, scaffolding, loud speakers, bleachers, canopies, tents, portable toilets, booths, dumpsters and other temporary structures.
- The location of all approved signs, barricades, and barriers. All signage associated with the event shall be placed as not to interfere with vehicles, bicycles and pedestrians. Signs directing traffic shall be in accordance with the California manual of Traffic Control Devices (CA MUTCD).

Any signs that the event organizer plans on using to direct athletic event participants (may not imitate traffic control signs in any way)

Other related event components not listed above

**Support Request:** Traffic  Crowd Control  Street Closure  Other

*The Department of Public Works will consider your request for support; however, a request does no guarantee support. If your event is requesting support from the City, please plan accordingly and submit your application **no less than one month prior to the event date**. Requests for support require approval by the Carpinteria City Council or their designee.*

Will this event cause any disturbance, noise or congestion in the vicinity of the proposed event?

Yes  No

If yes, please explain and give mitigating measures: \_\_\_\_\_

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Will food or beverages be sold at the event? Yes  No

*If yes, please attach the approved permit for Temporary Food Facility, which may be obtained from the Santa Barbara County Public Health Department and can be found on their website [www.sbcpd.org](http://www.sbcpd.org), under Environmental Health Services.*

All vendors and commercial participants shall have an active City of Carpinteria Business License at the time of the event. Vendors shall be required to have proof of such License the day of the event if requested by City staff or other enforcement agency.

**PLEASE BE SURE YOUR APPLICATION IS COMPLETE!**

In addition to the items above, your application must include the following items to be considered for approval:

Application Fee (\$100/non-profits, \$450/for-profits)

Insurance Indemnification\*

Proof of Insurance

Additional Insured Endorsement

\*Not less than one million dollars (\$1,000,000) combined single limit for both bodily injury and property damage. The policy or policies shall also contain a provision that no termination, cancellation, or change of coverage for the insured or additional insured shall take effect until ten (10) days notice has been given in writing to the City Clerk of the City of Carpinteria.

**ADDITIONAL REQUIREMENTS**

This event may require permitting from other districts or agencies. The permittee shall obtain all necessary permits as may be required. Permittee shall maintain all permits and authorizations at the site during the scheduled events for review by City Staff or other enforcement agencies.

Other districts or agencies include, but are not limited to:

- California Department of Transportation (CalTrans)
- California Highway Patrol
- The County of Santa Barbara Public Works Department
- The County of Santa Barbara Public Health Department
- The Carpinteria-Summerland Fire Department
- Santa Barbara County Sheriff's Department

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

FEE PAID: \$ \_\_\_\_\_ CHECK #: \_\_\_\_\_ CASH  RECIEPT: \_\_\_\_\_ DATE: \_\_\_\_\_

CERTIFICATE OF INSURANCE RECEIVED: YES  NO

**Approved by:**

Public Works Director	Lieutenant	City Manager
Date	Date	Date