



CITY OF BANNING
99 E. Ramsey Street, P.O. Box 998
Banning, California 92220
(951) 922-3125

COMMUNITY DEVELOPMENT
DEPARTMENT

TEMPORARY USE PERMIT
SUBMITTAL REQUIREMENTS

Fee: See Current Fee Schedule

All information is to be submitted at <https://ci-banning-ca.smartgovcommunity.com> in a neat and legible format and all drawings must be prepared by a professional architect, engineer, draftsperson, or other qualified person using a standard architectural or engineering scale.

In the event errors or omissions are discovered by Planning Division staff, the application will be returned to the applicant for revision and the application will be deemed incomplete. **Applications that include temporary structures shall be submitted at least 45 days in advance of the planned event. All other applications shall be submitted at least 30 days in advance of the event.**

Please note: If your special event will take place in a city park, or other city facility, or it affects a public street, please contact the Community Services Department at (951) 922-3242 or visit their public counter located at 769 N. San Gorgonio Avenue regarding your special event application. Please be advised that events that are held in a city park, or other city facility, or affecting a public street are subject to additional restrictions and guidelines specific to each park or facility. Please contact the Community Services Department for more information about a specific location.

Purpose:

The Temporary Use Permit allows for short-term activities which may be appropriate when regulated. For most Temporary Use Permits, the fixed period shall not exceed 90 days (BMC 17.108.040).

Submittal requirements:

1. One set of a pdf site plan submitted to the portal.
2. One set of a pdf floor plan drawings (when applicable) submitted to the portal.
3. Location map showing general location of site in relation to Interstate 10.
4. Completed application submitted to the portal.
5. Events taking place on City owned property or in the public right-of-way (city streets) require a minimum of \$1,000,000 **General Liability Insurance** policy naming the City as additional insured by policy endorsement. Additional amounts may be required for events with higher risk. The insurance company issuing the policy must be rated "A" or "B+" by Best's Key Rating Guide. The Carrier is required to provide notice of cancellation or reduction of coverage to the City. Special event insurance coverage is also available through the City's insurance carrier. Contact the City's Contract Specialist for specific requirements. For information you may call (951) 922-4813.
6. One (1) copy of radius map showing all properties within 300 feet of the site (if required; consult with a planner in advance of application submittal).
7. One (1) list of property owners within 300 feet of site including two sets of mailing labels (if required; consult with a planner in advance of application submittal).

Information to be Included:

- Arrangements for temporary parking facilities, including vehicular ingress and egress.
- Location of temporary structures and facilities including height, size, and relation to other structures (see site plan preparation checklist for more information; please include dimensions).
- Location of sanitary facilities and medical aid facilities, if required.
- Location of solid waste handling facilities.
- Location of informational and safety signage.

The Planning Division will be unable to begin processing your Temporary Use permit application until all of the information requested in this application form is completed and submitted with the required processing fees. Incomplete applications will be returned to the applicant and processing will not commence until all of the required information is provided. **Your signing and dating the application acknowledges your understanding of the application requirements and that submitting an incomplete application will cause delays in processing.** If you have any questions, please contact the Planning Department at (951) 922-3125.



CITY OF BANNING
Community Development Department
99 East Ramsey Street
Banning, CA 92220
(951)922-3125

**TEMPORARY USE
PERMIT**
Part 1
Application

(Please type, or print clearly using ink)

GENERAL INFORMATION

Activity Location:	Staff Use Only File No.:
Assessor's Parcel No(s):	Related Files
Legal Description(attach exhibits if necessary):	

Applicant's Name (if a corporation, please provide copies of articles of incorporation):

Address, City, Zip:

Phone:	Fax:	E-mail address:
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Type of Temporary Use Permit Requested (Please check applicable boxes):

<input type="checkbox"/> Contractor's Construction Yard	<input type="checkbox"/> Christmas Tree-Other Sales Lot	<input type="checkbox"/> Farmers Market-Roadside Stand
<input type="checkbox"/> Temporary Residence	<input type="checkbox"/> Circus, Rodeo, and Carnival	<input type="checkbox"/> Other (describe): _____
<input type="checkbox"/> Commercial/Cargo Storage Container	<input type="checkbox"/> Fair, Festival, and Concert	
<input type="checkbox"/> Outdoor Display-Vacant Lot	<input type="checkbox"/> City Sponsored Use	

DESCRIPTION OF TEMPORARY USE/ACTIVITY:

(Provide a detailed description of proposed activities; attach additional sheets if necessary)

DATE(S)/TIMES OF TEMPORARY USE:

APPLICANTS SIGNATURE:

I certify under penalty of perjury that the information submitted by the applicant is true and correct; that any false or misleading information shall be grounds for denial of the TUP; and, I/we agree to comply with the regulations of the City of Banning and any and all conditions of approval placed upon this use (If the undersigned is different from the legal property owner, a notarized letter of authorization from each property owner must accompany this form).

Date:	Signature:
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Print Name and Title:

Date Received	Time Received	Fees Received \$	Receipt No.	Received By
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**TEMPORARY USE
PERMIT**
Part 2
Event Information

Activity Location:	Staff Use Only File No:	
General Plan Land Use Designation:	Environmental Determination: Reference:	
Zoning District:	Planner Initials:	Date:

ACTIVITY AREA:	Acres	Square feet
Gross (including area to centerline of abutting streets)		
Net (exclude street rights-of-way)		
ESTIMATE OF ACTIVITY:	Week Day	Week End
Estimate of average daily attendance (number of persons)		
Estimate of total average daily traffic (number of cars) to and from site		
Estimate of average number of parking spaces required		
Number of private security personnel to be provided by applicant		
Number of toilets/sanitary facilities to be provided by applicant		
Number of waste collection receptacles		
Hours of Operation		
TENTS and MEMBRANE STRUCTURES: (A separate Building and Fire permit may be required)	Type	Floor Area SF
PARKING LOCATIONS PROVIDED:	Number of Spaces	
Total number of parking spaces provided all locations:		
FOOD, BEVERAGE, and SOUND:		
Will food be served? (Riverside County Health Department permit is required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will alcohol be served? (Alcohol Beverage Control (ABC) permit is required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will vendors be at the event? (City business license is required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be amplified sound or music? (Review BMC Chapter 8.44 "Noise")	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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**TEMPORARY USE
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PART 3
Contact Information

Activity:	Activity Dates:
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The following information must be completed and submitted with all applications.

Applicant's Contact Person:

Address, City, Zip:

Phone:	Fax:	E-mail Address:
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Additional Contact Person:

Address, City, Zip:

Phone:	Fax:	E-mail Address:
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Emergency Contact (after hours):

Address, City, Zip:

Phone:	Fax:	E-mail Address:
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Sanitary Facility Provider: **Contact Person:**

Address, City, Zip:

Phone:	Fax:	E-mail Address:
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Private Security Provider: **Contact Person:**

Address, City, Zip:

Phone:	Fax:	E-mail Address:
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Site Manager/Supervisor (during hours of operation): **Contact Person:**

Address, City, Zip:

Phone:	Fax:	E-mail Address:
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**TEMPORARY USE
PERMIT
PART 4
Conditions of Approval**

Activity:	Activity Dates:
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STANDARD CONDITIONS OF APPROVAL:

Solid waste handling services required.

Contact the City's solid waste handling provider:

Karen Blauvelt
800 S. Temescal Street
Corona, CA 92879
Tel. (951) 280-5493; and, Fax. (951) 817-2402

Dates and Hours of operation are restricted to the following: _____

Provisions for sanitary waste facilities required _____

Provisions for private security required _____

Performance/Surety bond required in the amount of: \$ _____

OTHER CONDITIONS OF APPROVAL:

List all other conditions required (Attach additional sheets if necessary)

TEMPORARY USE PERMIT APPROVAL:

Reviewed Police:	Reviewed Fire:	Reviewed Public Works:	Reviewed Risk Management:	Reviewed Building & Safety:	Reviewed Community Services:
Date:	Signature:				

Community Development Director, City of Banning

List Attachments:

Letter of Authorization

APPLICATIONS FOR ZONING/LAND USE ENTITLEMENTS

TO: *Community Development Department
City of Banning
P.O. Box 998
Banning, CA 92220*

RE: **Property Address:**

Assessor's Parcel Number(s):

I/We, the owner(s) of the above described real property, authorize _____
_____, located at _____

_____, to act as an agent on my/our behalf for the purpose of creating, filing, and/or managing any land use and building permit applications, or any other entitlements necessary to construct, operate, or otherwise gain approval for a project. I/We acknowledge that any application may be denied, modified, or approved with conditions, and that such conditions or modifications shall be complied with by the owner prior to issuance of any permits or project approval. Further, the owner agrees to notice the City of Banning immediately should this authorization be revoked for any reason.

The undersigned hereby certifies to being the fee owner(s) of the property described herein; that to the best of my/our knowledge the information contained within this authorization is true and correct.

Date _____

(Signature)

(Print name)

State of California)

ss.

County of _____)

On _____ before me, _____ personally appeared
(Name and title of officer)

_____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/ their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Notary seal)