



TEMPORARY USE PERMIT APPLICATION

Submittal Date: _____
\$500 deposit required

Please submit a completed application and site plan at least **45 days** prior to the proposed event date. There is a **deposit of \$500 for temporary use permits**. Other fees apply as applicable. A complete application shall include a completed application, separate event description, and site plan.

APPLICANT INFORMATION:

Applicant's Name: _____ Phone: _____
Organization's Name (if applicable): _____
Email: _____
Address: _____
City: _____ Zip Code: _____

EMERGENCY CONTACT INFORMATION:

<u>Contact #1</u>	<u>Contact #2</u>
Applicant's Name: _____	Applicant's Name: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____

Two emergency contacts are required and should be available **during the event.*

STAFF USE ONLY		
Accela Record Number: _____	Trust Account Number: _____	
TUP File Number: _____	Related Files: _____	
SUBMITTAL INFO:		
Date Time Received: _____	Received by: _____	\$500 Deposit Received: _____

EVENT INFORMATION:

Name of Event: _____ Event Type: _____

Date(s) of Event: _____ Set-Up time: _____

Hours of Event: _____ Clean-Up time: _____

Location of event (address): _____

Estimated number of attendees: _____

SUBMITTAL CHECKLIST:

APPLIES TO ALL APPLICATIONS

COMPLETED TEMPORARY USE PERMIT (TUP) APPLICATION

EVENT DESCRIPTION

In a separate attachment, provide a description of your event. Please include event details selected or checked in the section below.

SITE PLAN

The site plan should include the following, but is not limited to:

- Shows the entire parcel with property lines
- Identify the adjacent streets
- Identify the event space
- Parking
- North arrow
- Include location of events details (tents, stages, barricades, music, generator, restrooms, rides, etc.). Please include event details selected or checked in the section below.

ADDITIONAL EVENT DETAILS

Select all the details from below that apply to your event. If supplemental information is required please attach to the application, and or, contact the department to obtain any additional permits needed.

BOOTHS, BLEACHERS, OR STAGES:

If yes, describe and provide size and number: _____

Select those that apply below.

For stages equal to or less than 30 inches in height, provide:

- Installation drawings from manufacturer
- Installation statement from installer stating installation will be installed per manufacturer's installations instructions and specifications.

For stages taller than 30 inches in height, a building permit and associated inspection(s) is required. Please contact the Building & Safety Division at (714) 671-4406 or building@cityofbrea.gov and submit a [building permit application](#) a **minimum of 3 weeks before the event date**. For initial TUP review, please provide:

- Stage plan and elevations.
- Structural design and calculations prepared by a licensed civil or structural engineer registered in the state of California.

For stages accessible to the public, an ADA compliant ramp will be required.

For stages with a columns and truss support system for lighting, sound, and/or banners, provide structural design and calculations prepared by a licensed civil or structural engineer registered in the state of California.

TENTS OR CANOPIES:

If yes, provide size and number (show on site plan): _____

- Provide anchorage details for tents greater than 120 square feet. (When support posts are spaced 12 feet apart or more in any direction, 10 feet or higher, and tent area is equal to or greater than 600 square feet then structural design, calculations and details are required and shall be prepared by a licensed civil or structural engineer registered in the state of California. Tents of this scale require a building permit and associated inspection(s). See below for Building & Safety Division contact information and submit a [building permit application](#) a **minimum of 3 weeks before the event date**. Depending on the Tent/Canopy configuration and size an anchorage testing report might be required).
- Tents or canopies with a total area of more than 400 square feet require a separate Fire Department permit and inspection. Please contact the Fire Department at (714) 990-7655 or breafirepermits@cityofbrea.gov and submit a [Special Events Permit application](#) a **minimum of 3 weeks before the event date**.

ELECTRICAL HOOKUPS:

If yes, describe: _____

- Installation of a temporary power pole requires a [building permit](#) and associated inspection. See below for Building & Safety Division contact information and submit a permit application a **minimum of 3 weeks prior to the event date**.

GENERATORS:

If yes, provide the number and fuel supply size: _____

- If the fuel supply size exceeds 5 gallons, a Fire Department [Special Events Permit](#) is required.
See below for Fire Department contact information and submit a permit application a **minimum of 3 weeks prior to the event date**.

ENTERTAINMENT:

If yes, describe: _____

- Explain if there will be live entertainment and/or PA system (i.e. DJ, band, amplified sound).

VENDORS:

If yes, provide a vendor list with your application.

Merchandise

Food and/or Beverages

- If an event with edible food is expected to serve over 2,000 individuals per day, the applicant shall provide an agreement with an edible food recovery organization and donate edible food per [SB 1383](#) and provide a record of donations at the end of the event. Additional information can be found on the City's website under [Recycle Brea \(Commercial\)](#).

ON-SITE COOKING:

If yes, describe: _____

- Requires a Fire Department [Special Events Permit](#). See below for Fire Department contact information and submit an application a **minimum of 3 weeks prior to the event date**.

ALCOHOL SERVICE:

If yes, provide an alcohol management plan and security information.

- Contact the California Department of Alcoholic Beverage Control (ABC) and obtain the necessary ABC permit(s). Their webpage can be found [here](#).

PUBLIC STREET OR SIDEWALK USE:

If yes, identify the location of the proposed use (i.e. street, alley, or adjacent sidewalk) and describe the proposed use: _____

- All events, construction, or staging within the public right-of-way or public facilities require a [Public Works Encroachment Permit](#). Please contact the Public Works Department at (714) 990-7667 or pwencroachmentpermit@cityofbrea.gov.
- Submit an [encroachment permit application](#) with the proposed site plan and traffic control plan a **minimum of 30 days before the event date**.

SIGNS:

If yes, provide the size, number, location and type of signs. No signs are allowed on the public right-of-way (i.e. street or sidewalk).

Directional signs:

Please describe _____

Event-related temporary signs: (e.g. banners, freestanding signs)

Please describe _____

PETTING ZOO OR ANIMAL EXHIBITS

- Contact OC Animal Care and obtain a temporary animal exhibition permit.

SPECIAL REQUESTS (OPTIONAL)

Please describe _____

BUSINESS LICENSE TAX APPLICATION:

All vendors hired by a TUP applicant to provide services at their event must obtain a City of Brea business license tax certificate **before** the TUP can be approved. Please apply online at <https://brea.hdlgov.com/Home/Index>. For any questions about the business licensing process and fees, you may contact brea@hdlgov.com or (714) 886-6314.

CERTIFICATE OF INSURANCE AND ENDORSEMENT:

Is this event located on public property (i.e. public street or sidewalk)?

- If yes, the Applicant is required to provide a certificate of insurance and required endorsements for the event. The TUP application will not be considered complete until the Applicant provides evidence of insurance coverage that is acceptable to the City. Applicable policies must provide endorsements naming the City of Brea as an additional insured, stating that coverage is primary and non-contributory and waiving rights of subrogation. Please see the table below for applicable event insurance coverage requirements:

Type of Insurance	Required	Coverage Amount
Commercial General Liability	Yes	\$1,000,000 per occurrence/\$2,000,000 aggregate for bodily injury, personal injury, and property damage
Workers' Compensation and Employer's Liability	If employees are working the event	\$1,000,000 per occurrence for Employer's liability. Workers' Compensation in the amount required by California statute
Liquor Liability	If alcohol is proposed to be supplied/sold	\$1,000,000 per occurrence/ \$2,000,000 aggregate
Automobile Liability	If automobiles are part of the event	\$2,000,000 per occurrence (any auto)/ \$2,000,000 aggregate

TRUST ACCOUNT OWNER INFORMATION:

All project applications require the specified minimum deposit to a Trust Account. Additional funds and/or subsequent deposits may be required depending on the specified project and level of staff time necessary. All unused funds will be reimbursed following the completion of the project and/or review. Staff time devoted to your project will be billed according to our [Development Processing Fees](#). The necessary staff time will vary according to the project's complexity and may include, initial review and ongoing project processing by City staff and consultant time, if necessary.

TRUST ACCOUNT OWNER:

Name of the Organization unless there is an Individual Financially Responsible for the Project:

Address:

State:

City:

Zip Code:

Email:

Phone:

*** Please note: Name and address will be used to generate invoices and refund checks ***

STATEMENT OF UNDERSTANDING AND AGREEMENT

I understand that my initial deposit is a retainer and not a fee. This deposit will be used to set up an account, against which fees shall be charged based on the hourly rate listed in the City fee schedule in effect at the time the work is performed. I understand that should the costs exceed the deposit, I will be billed monthly for any additional deposit amount intended to cover future charges. If I fail to pay the fees when due, I understand that the City will stop working on the application. If the final costs are less, the unused portion of the deposit will be issued to the contact information in the above section and returned to the organization and/or individual above after the conclusion of the process or final inspection of the completed project, whichever occurs later.

As the trust account owner, I assume full financial responsibility for all costs incurred by the City in processing this application(s).

BY SIGNING BELOW, I HEREBY CONSENT THAT I UNDERSTAND THE MATTERS AS DESCRIBED ABOVE AND AGREE TO THE TERMS. I HEREBY FURTHER REPRESENT THAT I HAVE THE AUTHORITY TO BIND MY BUSINESS BY SIGNING ON ITS BEHALF.

Trust Account Owner's Signature

Date

Trust Account Owner Printed Name

CITY OF BREA CONTACTS

NOTE: Please contact the Planning Division at (714) 990-7674 before calling any other City Departments.

STAFF CONTACTS:

Contact	Phone Number
Planning Division planner@cityofbrea.gov	(714) 990-7674
Fire Department breafirepermits@cityofbrea.gov	(714) 671-3691
Business License brea@hdlgov.com	(714) 886-6314
Public Works Department pwencroachmentpermit@cityofbrea.gov	(714) 990-7667
Building & Safety Division building@cityofbrea.gov	(714) 671-4406

OUTSIDE AGENCY CONTACTS:

Contact	Phone Number
OC Animal Care	(714) 935-6848
Department of Alcoholic Beverage Control	(657) 205-3520
OC Health – Special Events Program	(714) 433-6080