

Attachment A

**COUNTY OF SANTA BARBARA
ADMINISTRATIVE MANUAL**

SUBJECT: SPECIAL EVENT PERMIT COORDINATION PROCESS

ITEM
NUMBER **057-001**

EFFECTIVE DATE: JANUARY 1, 2012

PAGE 1 OF 3

Purpose

The purpose of this administrative policy is to improve coordination of requests for public and private events that impact public right-of-ways/facilities, which include Community Events, Private Block Parties and Promotional Events, all of which are deemed to be “special events” for purposes of this Policy Statement. It does not establish any new requirements on the public for holding these events.

Background

There are two Special Event Permit processes in place. They are for permitting:

- Events held on private property and require planning permits. The primary permitting responsibility for events held on private property continues to reside with Planning and Development, and (*Special Events Land Use Permit*)
- Events that don't require planning permits and use public rights-of--ways or facilities. These permits may include a combination of road closure permits from Public Works, event organizer and food preparation permits from Public Health, security/crowd control from Sheriff's, structure building permits from Fire and Planning and Development (P&D) and/or park use permits. (See *References*, page 3)

This County Executive Office policy applies to this second type of events.

One or more permits may be required for public and private events that impact public right-of-ways/facilities. Examples (not exhaustive) of events that will likely require special events permits under existing county ordinances:

- a. **Block Party:** A block party is a private, social event held in the public right-of-way within an area blocked to through traffic. It typically involves residents of one neighborhood.
- b. **Community Event:** A community event is an organized social function, open to the public for its entertainment and enjoyment, which occurs on public property or utilizes public rights-of-way. It may include, but is not limited to, the following organized activities: athletic events, concerts, public dances, fund raising events, marathons, walkathons, triathlons, other cycling or running events, trade shows, festivals and fairs, or other similar events (not construction related).
- c. **Promotional Event:** A promotional event is a commercially sponsored event, open to the public, which encroaches into the public right-of-way.

As the volume of requests has increased, it has become apparent that increased communication and coordination between departments is required. The various permitting standards and authorities are not the issue. It would be confusing for both the applicant and staff to amend all current ordinances into a single ordinance for the specific purpose of this policy. Rather, this policy is designed to improve the coordination, as well as, the quality and flow of communication between the various departments authorized by ordinances and resolutions to issue permits. A standard process to coordinate the issuance of special event permits is necessary to ensure the effective and efficient regulation of events.

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PAGE

2 OF 3

Policy

It is the policy of the County Executive Office that:

1. To provide coordination between departments, the Community Services Department (CSD) will take a lead role in guiding a Special Events Permits Review Committee, hereinafter the "Committee," to improve and coordinate information between departments about events, monitoring the effectiveness of the coordination process and recommending coordination process improvements when needed.
2. To improve coordination, the Committee may include the following County staff or their designated representatives: Sheriff, Fire Chief, Director of Public Works, Director of Public Health, Director of Planning and Development, the Community Services Director and the Risk Management Officer. The Director of the Community Services Department will chair the Special Events Review Committee. Additional members may be added as needed.
3. The Committee will conduct a coordinated review of all applications for special event permits, hereafter application, within thirty (30) working days after a permit application is filed.
4. CSD, on behalf of the Committee, will notify the appropriate Supervisorial District Offices of applications for Special Event Permits affecting their district. The public will be able to view a list of special events on the Community Service Department's web site. The site will include information about the event name, date, time, location and the status of the application and permits.
5. Potential factors to be considered in the decision to approve permits may include: day, time, public safety, the number of events held in the same area, the benefit of the event to County residents, the benefit to County businesses, the inconvenience to area residents and businesses, the availability of adequate parking, the disruption to public transit and traffic flow, and the ability of the County and applicant to adequately regulate and control the event.
6. Although not required at the time of application, applications that address these items are likely to reduce questions that might otherwise require longer processing times:
 - a. Listing of event logistics, number of participants and organizers,
 - b. Public notification and information plan,
 - c. Traffic control plan,
 - d. Safety and security plan,
 - e. Sound amplification plan,
 - f. Accessibility plan,
 - g. Sanitation plan,
 - h. Food handling plan,
 - i. Insurance and hold-harmless documentation and/or a
 - j. Set-up/clean-up plan.
7. The application must be accompanied by fees and deposits established by resolution or ordinance of the County Board of Supervisors.

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PAGE

3 OF 3

References:

The following County Code sections remain in full effect, including but not limited to permitting authority, process or fees:

Chapter 6, Article 6 – Outdoor Festivals

Chapter 28 – Roads

Chapter 35 – Zoning

Chapter 36 – Consumption of Alcoholic Beverages on Public Streets/Certain Beaches

Chapter 40 – Nighttime Noise Restrictions

Attachment B



COUNTY OF SANTA BARBARA

Planning and Development

www.sbcountyplanning.org

Special Events LUP

SPECIAL EVENTS, CARNIVAL, CIRCUS, ETC. (LUP) - "A temporary Land Use Permit and Coastal Development Permit may be approved by the Director or duly authorized staff for carnivals, circuses and similar activities, including, but not limited to, art and craft fairs, outdoor shooting galleries, menageries, merry-go-rounds, ferris wheels, shooting matches, turkey shoots, tent shows, trained animal shows, amusement parlors, penny arcades, prizefights and wrestling matches, in any agricultural, commercial or industrial district but in no other districts, upon written application and provided they do not continue for more than five (5) consecutive days."

THIS PACKAGE CONTAINS

- ✓ PROCESSING REQUIREMENTS
- ✓ SUBMITTAL REQUIREMENTS
- ✓ APPLICATION

South County Office

123 E. Anapamu Street
Santa Barbara, CA 93101
Phone: (805) 568-2000
Fax: (805) 568-2030

Energy Division

123 E. Anapamu Street
Santa Barbara, CA 93101
Phone: (805) 568-2040
Fax: (805) 568-2522

North County Office

624 W. Foster Road, Suite C
Santa Maria, CA 93455
Phone: (805) 934-6250
Fax: (805) 934-6258

Website: www.sbcountyplanning.org

PROCESSING OVERVIEW

Prior to filing the application with Planning and Development the applicant shall obtained the following:

1. **Notification** to the Supervisor of the Supervisorial District in which the event is to take place.

First District Office	568-2186
Second District Office	568-2191
Third District Office	568-2192
Fourth District Office	737-7700
Fifth District Office	346-8400

Obtain **written authorization** from the following:

2. County Fire Department - Obtain required permit and special conditions.
Phone Number 681-5500

3. County Public Works, Transportation Division
Phone Number 568-3232

4. County Sheriff and/or California Highway Patrol
(Sheriff) Phone Number 681-4100
(CHP) Phone Number 349-8728

5. Any applicable Homeowner's or Protective Association

6. County Risk Manager regarding insurance.
Phone Number 884-6860

Insurance Requirements

Without limiting Permittee's indemnification of County and any other named permittors, Permittee shall provide and maintain at its own expense during the term of the permit the following policy or policies of insurance covering its operations hereunder.

Such insurance shall be secured through a carrier satisfactory to the County Risk Manager and evidence of such insurance satisfactory to the County Risk Manager shall be delivered to Planning and Development prior to the issuance of the Land Use Permit or Coastal Development Permit. Such evidence shall specifically identify the permit and shall contain express conditions that County is to be given written notice of at least thirty (30) days in advance of any modification or termination of any policy of insurance:

- a. General Liability: Such insurance shall include, but not be limited to, comprehensive general liability and comprehensive general liability and comprehensive auto liability with a combined single limit of not less than \$1,000,000 per occurrence. Such insurance shall be primary to any other insurance maintained by County and shall name the County of Santa Barbara and any other named permittors as additional insureds.
- b. Workers' Compensation: Permittee shall cover its employees with Workers' Compensation insurance in an amount and form to meet all applicable requirements of the Labor Code of the State California and which specifically covers the persons and risks involved in this permit.

TEMPORARY USE APPLICATION SUBMITTAL REQUIREMENTS

___ 3 Copies of the application

___ 3 Copies of the project description including the following information and any additional relevant information for review of the project.

Dates of operation, hours of operation, location, address, Assessor's parcel number(s), area covered, area of parking, access to parking areas, traffic control methods, number of employees involved, type and number of heavy equipment, parking plan for heavy equipment and vehicles, method of illumination, maintenance and clean-up program, and grading.

___ 3 Copies of a vicinity map

___ 3 Copies of a project map



PLANNING & DEVELOPMENT
PERMIT APPLICATION

SITE ADDRESS: _____

ASSESSOR PARCEL NUMBER: _____

PARCEL SIZE (acres/sq.ft.): Gross _____ Net _____

ZONING: _____

COMPREHENSIVE/COASTAL PLAN DESIGNATION: _____

Are there previous permits/applications? []no []yes numbers: _____

(include permit# & lot # if tract)

Did you have a pre-application? []no []yes if yes, who was the planner? _____

Are there previous environmental (CEQA) documents? []no []yes numbers: _____

Project description summary: _____

1. Financially Responsible Person _____ Phone: _____ FAX: _____

(For this project)

Mailing Address: _____

Street City State Zip

2. Owner: _____ Phone: _____ FAX: _____

Mailing Address: _____ E-mail: _____

Street City State Zip

3. Agent: _____ Phone: _____ FAX: _____

Mailing Address: _____ E-mail: _____

Street City State Zip

4. Arch./Designer: _____ Phone: _____ FAX: _____

Mailing Address: _____ State/Reg Lic# _____

Street City State Zip

5. Engineer/Surveyor: _____ Phone: _____ FAX: _____

Mailing Address: _____ State/Reg Lic# _____

Street City State Zip

PERMITTEE WAIVES ALL CLAIMS AGAINST THE COUNTY OF SANTA BARBARA, ITS OFFICERS, AGENTS AND EMPLOYEES, FOR FEES OR DAMAGE CAUSED BY, ARISING OUT OF, OR IN ANY WAY CONNECTED WITH THE EXERCISE OF THIS PERMIT. I hereby certify to the best of my knowledge, the information contained in this application and all attached materials are correct, true and complete.

Property Owner's Signature

Signature of Responsible Party of Premises

COUNTY USE ONLY

Case Number: _____ Companion Case Number: _____

Supervisory District: _____ Submittal Date: _____

Applicable Zoning Ordinance: _____ Receipt Number: _____

Project Planner: _____ Accepted for Processing _____

Zoning Designation: _____ Comp. Plan Designation _____

SPECIAL EVENT APPLICATION

SUMMARY OF EVENT

Event Title _____

Event Location _____

Description of event

Event Category

Sidewalk Sale
Temporary Parking
Parade/Procession/March
Athletic/Recreation
Carnival

Block Party
Festival/Celebration
Event on Private Property
Farmer/Outdoor Market
Concert/Performance
Other

Anticipated Attendance

Total _____

Date/Time

Setup	Date _____	Time _____
Event Starts	Date _____	Time _____
Event Ends	Date _____	Time _____
Dismantle	Date _____	Time _____

Contact Information

Name of Organization _____

Name of applicant _____

Telephone # () _____

Email _____

Address _____

Yes No

Is this an annual event?

Yes No

Have you already established contact with the local California Highway Patrol, County Sheriff and the County Fire Department?

Signature of Applicant: _____ Date: _____

INSURANCE REQUIREMENTS

Yes

No

Will this event be taking place solely on private property? If Yes, continue to next page. If no, please fill in the following information.

A certificate of insurance for a minimum of \$1 million coverage for auto as well as general liability must be submitted with the application. The insurance provider should have a Best rating of A:VII. Ray Aromatorio, County Risk Analyst is available at 805-884-6865 for further questions on insurance. Insurance is not required for events taking place on private property.

Name of Insurance Agency _____

Telephone _____

Contact Name _____

Policy Amount _____

Along with the insurance certificate, please submit a copy of the endorsement listing the County of Santa Barbara as "additional insured". The insurance certificate will not be valid without the endorsement.

TEMPORARY TRAFFIC CONTROL

Does your event proposal include the use of temporary traffic control?

Yes

No

Examples include but are not limited to: Partial lane closures, full road closures, detours

Traffic control will be provided by:

Company/agency name: _____

Course monitors and volunteers will be supervised by:

Name: _____

Daytime phone number: _____

Contact phone number during event hours: _____

ENTERTAINMENT

Yes

No

Will there be any musical entertainment associated with this event?

If yes, complete the following information or provide an attachment listing all bands/performers, type of music and performance schedule.

Number of stages

Number of performers/bands

Performer/band name and type of music

Yes

No

Will sound amplification be used?

If yes, Start time _____ Finish time _____

Will your event include the use of signs, banners, or special lighting?

If yes, please describe _____

PUBLIC NOTICE

Yes

No

Have you met with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event?

Please explain

Yes

No

Do you have a sample of the notice that you propose to distribute two weeks prior to your event?

If yes, please attach notice to application packet.

PORTABLE RESTROOMS

Yes

No

Do you plan to provide portable rest room facilities at your event?

If yes: Total number of portable toilets _____

If yes: Please include locations of each proposed portable toilet on your site plan/map of route.

Restroom Company _____

Equipment setup: Date _____ Time _____

Equipment pickup: Date _____ Time _____

EVENT ORGANIZER APPLICATION

All Event Organizers (both for-profit and non-profit) are required to submit a signed and completed application with the below attachments to Environmental Health Services **at least two weeks prior** to the start of the event. This is critical for proper review. The Event Organizer fee may be waived for non-profit charitable organizations operating temporary food events no more than four times per year for no more than three days in duration. Fee waiver is contingent on submittal of proof of non-profit status, completed signed application, with below attachments at **least two weeks prior** to the start of the event.

Please check the appropriate box (A – D):

- A. Annual – Organizer of a recurring Community Event at a single location and limited to Temporary Food Facility booths with annual Health Permits- \$500 [1655]
- B. Annual – Organizer of a recurring Swap meet at a single location with food service and limited to For-Profit Temporary Food Facility booths with annual Health Permits - \$500 [1655]
- C. Organizer representing a for-profit entity - \$500 [1670]
- D. Organizer representing a non-profit charitable entity - \$500 [1676] *(unless fee is waived - see the above conditions)*

FOR OFFICE USE ONLY	
Date Rec'd	_____
Rec'd By	_____
Amt. Rec'd: \$	_____
Check #	_____
Receipt #	_____
P/E: 16	District: _____
FA #	_____
<input type="checkbox"/>	Application Late [05]
<input type="checkbox"/>	Exemption Lost / Exceeded Frequency [06]

Attachments:

- 1. Non-profit Charitable Organization: Proof of nonprofit status: letter from the State of California or an IRS Exempt Registration # _____
- 2. Detailed site plan of entire event area
- 3. Existing Permit Holders – already issued valid “Mobile Food Facility” Health Permit *(copy(ies) attached)*
- 4. Completed Environmental Health Service’s “Name of Booth(s)/Organization(s)” form *(attached)*

Name of Event: _____ Sponsoring Organization: _____
 Location of Event (Street Name/City/Town): _____
 Name of Organizer/Promoter: _____ Address: _____
 Phone Number: _____ Cell Phone Number: _____ Fax: _____
 List below the name of each booth or organization. Total Number of Facilities/Booths: _____

Name of Booth / Organization <i>(if more than 5 - use "Name of Booth(s)/Organization(s)" form)</i>	Count of Facilities/Booths (Refer to each Temporary Application)				
	Has a Health Permit	Profit	Profit/Non-profit donating	Non-Profit	Non-profit (Nonperishable)
1.					
2.					
3.					
4.					
5.					
TOTAL COUNT FOR EACH CATEGORY:					

Will there be a pre-event meeting for food booth/facility participants? No Yes *(complete below)*

Date	Time	Location	Date	Time	Location
1.			2.		

Date(s) and time(s) of event			Date and time food service operations will be set up	
Date	Time	Estimate no. of patrons	Date	Time
1.			1.	
2.			2.	
3.			3.	

List name(s) of On-Site Coordinator(s) and how each individual can be contacted **DURING THE EVENT**:

Name	Address	Phone/Cell Number	Pager Number
1.			
2.			
3.			
4.			
5.			

Electricity supply provided to the booths? No Yes If yes, list amperage required for each booth and supplied to each booth

Source of potable water (If a non-public water supply is to be used, the results of the most current water test must be submitted?)

Wastewater disposal? (page 8 of Guidelines): Bladder Sanitary Sewer Septic System Other (explain below)

Method of refuse disposal (page 9 of Guidelines): Refuse company bins Trash Cans Other (explain below)

Will there be animals at the event? No Yes If yes, how close is nearest food vendor to the area where animals will be walked and/or housed? _____ feet Note: Animals are not permitted in the booth area.

Attach a detailed site plan (see samples of site plans in Environmental Health Service's TFF guide) of the entire event area and include:

- a. Location of all temporary food facilities (TFF), mobile food facilities (MFFs) and mobile food preparation units (MFPU), (i.e., food booths, carts, trailers, vehicles).
- b. Source and location of water supply to each facility (mention in (a) above).
- c. Location and number of restrooms, shared utensil washing and hand washing facilities.
- d. Location of all trash disposal containers and janitorial facilities.
- e. Location of all electrical sources.

I hereby certify the above information is complete and correct. Failure to complete any portion may result in denial of a health permit. I fully understand any deviation from the above without prior approval of Environmental Health Svc. may nullify final approval. I understand approval by Environmental Health Services does **not** encompass compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

I also understand a pre-opening inspection of all facilities will be conducted and the inspection will include equipment being in place and operational.

Print Name of Organizer/Coordinator

Signature of Organizer/Coordinator

Date

FOR OFFICE USE ONLY

Approval/Disapproval By: _____ Date: _____

Event Organizer Permit Effective Dates: From: _____ To: _____

Permit Restrictions: _____

Reason(s) for Disapproval: _____



TEMPORARY FOOD FACILITY APPLICATION

All individual Temporary Food Facilities (TFFs) (both for-profit and non-profit) are required to submit a signed and completed application, with attachments and drawing of TFF to Environmental Health Services **at least two weeks prior** to the start of the event. This is critical for proper review. The TFF fee may be waived for non-profit charitable organizations operating temporary food events no more than four times per year for no more than three days in duration. Fee waiver is contingent on submittal of proof of non-profit status, completed signed application, with attachments and drawing at **least two weeks prior** to the start of the event.

ANNUAL - Check the appropriate box (A or B)

- A. Annual - for-profit low risk booth (max. 500 sq. ft.) operating at each recurring community event or swap meet at a single location with two or more booths with food service limited to commercially prepackaged, nonpotentially hazardous food (nuts, jerky, bottle water, canned soda and similar snacks) and/or whole uncut (not ready to eat) produce - (A person or organization must be designated as an Event Organizer) \$180 [1656]
- B. Annual - for-profit booth (max. 500 sq. ft.) at each single recurring community event (e.g. popcorn), or swap meet with services limited to nonpotentially hazardous food - \$350 [1657]

NON-ANNUAL - Check the appropriate box (C or D)

- C. Booth operating at a community event with two or more booths (max. 500 sq. ft. each) (A person or organization must be designated as the Event Organizer - requires an Event Organizer Application)
- D. Single Booth (max. 500 sq. ft.) operating at a community event (e.g., city festival, fair, political or educational event approved by the Health Department)

FOR OFFICE USE ONLY

Date Rec'd _____

Rec'd By _____

Amt Rec'd \$ _____

Check # _____

Receipt # _____

Record # _____

P/E: 16 _____ District _____

FA # _____

EV # _____

Bluebook Types:

Application Late [05]

Exemption Lost / Exceeded Frequently [06]

Check the appropriate circle (either 1, 2, 3, 4 or 5)

- 1. For-profit entity – must be associated with a community event (C or D above) - \$180 [1674]
- 2. For-profit low risk booth operating at a recurring community event or swap meet at a single location with two or more booths with food service limited to commercially prepackaged, nonpotentially hazardous food (nuts, jerky, bottled water, canned soda and similar snacks – does not include produce). Staff time limited to 30 minutes. - \$84 [1675]
- 3. A Permitted Food Facility on behalf of a nonprofit organization and no monetary benefit – to the for-profit - does not exceed 3 days in a 90-day period. (*Exemption Request Letter required*) - \$180 (*unless fee is waived – see above conditions*) [1652].
- 4. Non-profit charitable organization – limited to no more than four times per year for no more than three days in duration - \$180 (*unless fee is waived - see above conditions*) [1677]
- 5. Non-profit charitable organization serving only nonperishable prepackaged low risk food such as candy or baked goods that are adequately protected from contamination and/or commercially prepackaged- \$84 (*unless fee is waived - see above conditions*) [1678]

Attachments:

- 1. Non-profit Charitable Organization: Proof of non-profit status or IRS Exempt Registration # _____.
- 2. Exemption Request Letter (*reference B (2) above*)
- 3. Drawing of Temporary Booth Establishment (*Sketch #1*)
- 4. On-site Food Preparation Form (*Attachment A*)
- 5. Off-site Food Preparation Form (*Attachment B*)
- 6. Employee Log Form (*Attachment #C*)

Name of Community Event: _____

Name of Booth/Organization: _____

Owner/Contact Person: _____ Sponsoring Organization _____

Mailing Address (*Street # / Name / City / Zip*): _____

Phone Number: _____ Cell Phone Number: _____ Fax: _____

Booth Location: _____
Street Number Direction Street Name City/Town Zip Code

Date(s) and time(s) the booth will be operating		Date(s) and time(s) booth will be set up and ready for inspection	
Date	Time	Date	Time
1.		1.	
2.		2.	
3.		3.	

List **all** food and beverage items to be prepared and served on the attached booth form (*attachment A*). (*NOTE: Any changes to the menu must be preapproved by Environmental Health Services*).

Will all food be prepared at the booth site? Yes (*Complete attach. A for on-site preparation*) No (*Complete attachment B for all food prepared off-site. Include a copy of the current Health Permit for the permanent food establishment where the food will be prepared*).

Describe (*be specific*) how frozen, cold, and hot foods will be transported to the booth: _____

How will food temperatures be monitored during the event? _____

Identify the place of purchase for each meat, poultry, seafood, and shellfish item(s). Include the source of the ice: _____

Using Attachment C; record the names, phone numbers, shifts to be worked during the event and the assigned duties of all booth workers (*paid and volunteer*).

Describe the number, location and set up of hand washing facilities to be used by the booth workers (*see page 6 of Guidelines*)

Identify the source of the potable water supply and describe how water will be stored and dispensed. (*see page 6 of Guidelines*)

Where will utensil washing take place. (*see page 7 of Guidelines*) _____

How will wastewater from hand washing and utensil washing will be collected, stored and disposed (*see page 8 of Guidelines*):

List the materials for floors, walls and ceiling surfaces of the booth. (*see page 11 and 12 of Guidelines*)

Floor: _____

Walls: _____

Ceiling: _____

Describe how electricity will be provided to the booth (*include available amperage and your equipment electrical demand(s)*):

Please add any additional information about your booth that should be considered (*such as fire prevention considerations*):

Booth Diagram: _____

I hereby certify that the above information is complete and correct. Failure to complete any portion of this application may result in denial of a health permit. I fully understand that any deviation from the above without prior permission from Environmental Health Services may nullify final approval.

I understand approval of these plans and specifications by Environmental Health Services does **not** encompass compliance with any other code, law or regulation that may be required (i.e., federal, state, or local). Furthermore, it does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

I also understand a pre-opening inspection of the facility will be conducted and the inspection will include equipment being in place and operational.

Print Name Signature Date

Print Name Signature Date

FOR OFFICE USE ONLY

Approved Disapproval By: _____ Date _____

Temporary Food Facility Permit Effective Dates: From: _____ To: _____

Permit Restrictions _____

Reason(s) for Disapproval: _____

Final Inspection / Clearance By: _____ Date: _____



Land Use Permit/Coastal Development Permit/ Building Permit/Zoning Clearance/Grading Permit

A LAND USE (LUP)/COASTAL DEVELOPMENT (CDP)/BUILDING PERMIT (BDP)/ ZONING CLEARANCE (ZCI)/ GRADING PERMIT (GRD) is required before using any land or structure or commencing any work to erect, move, alter, enlarge or rebuild any building or structure in the unincorporated area of the County of Santa Barbara. Exemptions from these permits are found in the applicable Ordinance.

APPLICATION FORM

AND, IF ✓'D, ALSO CONTAINS

Submittal Requirements

[Click to download Ministerial Project Worksheet](#)

Site Plan/Topographic Map Requirements

[Click to download Site Plan and Topographical Map Requirements](#)

Agricultural Activities Supplement

[Click to download Agricultural Activities Supplement form](#)

Hazardous Waste & Materials Supplement

[Click to download Hazardous Waste Materials Supplement form](#)

Board Of Architectural Review (BAR) Application

[Click to download Board of Architectural Review Structure Application](#)

AGREEMENT TO PAY PROCESSING FEES

[Click to download Agreement to Pay form](#)

FIRE DEPARTMENT VEGETATION PLAN INFORMATION

[For additional information regarding Fire Department Requirements for Vegetation Plan click here](#)

PUBLIC WORKS, PROJECT CLEAN WATER – LOW IMPACT DEVELOPMENT AND STORM WATER INFORMATION

[For additional information regarding Project Clean Water Low Impact Development and/or Storm Water Information click here](#)

If a new single family home is proposed on a vacant lot, also provide (if available):

Conditions of Approval On Tracts (only if approved after 1-1-90)

****FOR SANTA BARBARA PLEASE CALL 568-2090 36 HOURS TO ONE WEEK IN ADVANCE TO SCHEDULE AN INTAKE APPOINTMENT**

FOR NORTH COUNTY PLEASE CALL 934-6250 FOR AN APPOINTMENT OR WALK INS AT THE COUNTER BETWEEN 9:00 AND 11:30 A.M.

South County Office
123 E. Anapamu Street
Santa Barbara, CA 93101
Phone: (805) 568-2000
Fax: (805) 568-2030

Energy Division
123 E. Anapamu Street
Santa Barbara, CA 93101
Phone: (805) 568-2040
Fax: (805) 568-2522

North County Office
624 W. Foster Road, Suite C
Santa Maria, CA 93455
Phone: (805) 934-6250
Fax: (805) 934-6258

Website: www.sbcountyplanning.org



PROJECT NUMBER: _____

APN: _____

ADDRESS: _____

PLANNING & DEVELOPMENT LAND USE, COASTAL DEVELOPMENT, BUILDING PERMIT AND ZONING CLEARANCE APPLICATION

TYPE OF WORK: (Check all that apply)

- New Structure Addition Ext. Alter. Int. Remodel Change of Use Demo Move Exempt. Sign
 Grading Retaining Wall Stockpiling Electrical Plumbing Mechanical Other: _____

SITE ADDRESS: _____ **Town:** _____

Assessor Parcel No.(s): _____ **Zone District** _____

Parcel Size: _____ **(Gross)** _____ **(Net) Tract No.:** _____ **Lot No.:** _____

Recorded Map Date: _____

Estimated work value \$ _____ **Did you have a Planner Consultation?** No Yes

1. Financially Responsible Person: _____ **Phone:** _____

(for this project)

Mailing Address: _____

Street City State Zip

2. Owner: _____ **Phone:** _____ **FAX:** _____

Mailing Address: _____ **E-mail:** _____

Street City State Zip

3. Agent: _____ **Phone:** _____ **FAX:** _____

Mailing Address: _____ **E-mail:** _____

Street City State Zip

4. Arch./Designer: _____ **Phone:** _____ **FAX:** _____

Mailing Address: _____

Street City State Zip

State License No.: _____ **E-mail:** _____

5. Engineer/Surveyor: _____ **Phone:** _____ **FAX:** _____

Mailing Address: _____

Street City State Zip

State License/Registration No.: _____ **E-mail:** _____

6. Contractor: _____ **Phone:** _____ **FAX:** _____

Mailing Address: _____

Street City State Zip

State License No.: _____ **E-mail:** _____

Please circle primary contact

PROJECT INFORMATION

Applicant to complete Project Description and Sections A and B

PROJECT DESCRIPTION SUMMARY (a description of all work that will commence under this application): _____

Does proposed / existing buildings have Fire Sprinklers Yes No

SECTION A - PARCEL INFORMATION: (Check each that applies. Fill in all blanks or indicate "N/A")

• **Existing Use:** Agric. SFD Duplex Multi –Family Retail Commercial Office Indus Vacant

• **Proposed Use:** Agric SFD Duplex Multi –Family Retail Commercial Office Indus

• **Existing:** No. of Buildings _____ Gross Floor Area _____ Age of Oldest Struct. _____ No. Res. Units _____

• **Proposed:** No. of Buildings _____ Gross Floor Area _____ No. Res. Units _____

• **Impervious Surfaces** (sq. ft.): Existing _____ Proposed _____

• **Parking Spaces:** No. Existing _____ No. Proposed _____ Total _____ No. Handicapped _____

• **Utilities:** **Water:** public private **Sewer Disposal:** public private **Gas:** Natural Gas LPG

• **Grading** (cu. yd.): Cut _____ Fill _____ Import _____ Export _____ Total _____

• **Total Area Disturbed** (sq. ft./acres): _____

• **Max % Slope:** Parcel _____ Work site _____ **Max Height:** Cut/fill combined slope _____ Retaining wall _____

• **Tree removal:** No Yes No. _____ **Vegetation removal:** No Yes Sq. Ft./acres: _____

• **Parcel Within Agricultural Preserve Contract:** No Yes Preserve Number: _____

• **Parcel Located Within Special Problems Area:** Yes No Description: _____

• **Is exterior lighting proposed:** Yes No If yes, please submit the following information: 1) show location of outdoor lighting, 2) plans and description should include lamp and bulb type, wattage, beam angle, and shielding, 3) Manufacturer's catalog cuts and drawings. _____

• **Parcel Validity¹:**

The lot is created by a recorded Parcel or Final Map approved by the County. Map # _____ or

The lot is described on a recorded Certificate of Compliance or Conditional Certificate of Compliance. CC# _____ or

The lot resulted from a Lot Line Adjustment approved by the County. LLA # _____ or

The lot was created by a recorded Reversion to Acreage approved by the County. Surveyor's reference # _____ or

The lot was created by a recorded Voluntary Merger approved by the County. Surveyor's reference # _____ or

The lot is shown on a Lot Split Plat approved by the County pursuant to Ordinance No. 791 as amended.

¹ Evidence that the project site is a legal parcel must be provided with the application on an undeveloped lot. If it is determined your lot is a fraction lot that is substandard in size, you may not be eligible for a development permit.

SECTION B – PHYSICAL CHARACTERISTICS:

Yes, No, Unknown

- Hillside/Ridgeline and/or Slope \geq 20% on the Lot □□□ _____ □
- Creeks, Ponds, Drainage Courses, or Water Bodies on Site
or Within 100' of Parcel □□□ _____ □
- Oak or Riparian Habitat on Parcel or within 100' Feet □□□ _____ □
- Removal of any Oak, Native or Specimen Tree □□□ _____ □

NOTE: IF ANY OF THE BOXES IN THIS SECTION ARE MARKED 'YES', YOUR CASE MAY BE SUBJECT TO CONSTRAINED LOT REVIEW. A DEPOSIT FEE IS REQUIRED FOR THESE PROJECTS.

updated by FTC 120710

OWNER-BUILDER INFORMATION

Dear Property Owner: An application for a building permit has been submitted in your name listing yourself as the builder of the property improvements specified. For your protection you should be aware that as "owner-builder" you are the responsible party of record on such a permit. Building permits are not required to be signed by property owners unless they're personally performing their own work. If your work is being performed by someone other than yourself, you may protect yourself from possible liability if that person applies for the proper permitting in his or her name. Contractors are required by law to be licensed and bonded by the state of California and to have a business license from the city or county. They are also required by law to put their license number on all permits for which they apply.

If you plan to do your own work, with the exception of various trades that you plan to subcontract, you should be aware of the following information for your benefit and protection: If you employ or otherwise engage any persons other than your immediate family, and the work (including materials and other costs) is \$200 or more for the entire project, and such persons are not licensed as contractors or subcontractors, then you may be an employer. If you are an employer, you must register with the state and federal government as an employer and you are subject to several obligations including state and federal income tax withholding, federal social security taxes, workers' compensation insurance, disability insurance costs, and unemployment compensation contributions. There may be financial risks for you if you do not carry out these obligations, and these risks are especially serious with respect to workers' compensation insurance. For more specific information about your obligations under federal law, contact the Internal Revenue Service (and, if you wish, the U.S. Small Business Administration). For more specific information about your obligations under state law, contact the Department of Benefit Payments and the Division of Industrial Accidents. If the structure is intended for sale, property owners who aren't licensed contractors are allowed to perform their work personally or through their own employees, without a licensed contractor or subcontractor, only under limited conditions. A frequent practice of unlicensed persons professing to be contractors is to secure an "owner" building permit, erroneously implying that the property owner is providing his or her own labor and material personally. Building permits are not required to be signed by property owners unless they are performing their own work personally. Information about licensed contractors may be obtained by contacting the Contractors' State License Board in your community or at 1020 N Street, Sacramento, California 95814. Please complete and return the enclosed owner-builder verification form so that we can confirm that you are aware of these matters. The building permit will not be issued until the verification is returned.

Santa Barbara County, Planning & Development Department, Building & Safety Division.

OWNER-BUILDER VERIFICATION

Attention Property Owner: An "owner-builder" building permit has been applied for in your name and bearing your signature. Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

- 1. I personally plan to provide the major labor and materials for construction of the proposed property improvement (yes or no)
- 2. I (have/have-not) signed an application for a building permit for the proposed work.
- 3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____

Address _____ City _____

Phone _____ Contractors License No. _____

- 4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work:

Name _____

Address _____ City _____

Phone _____ Contractors License No. _____

- 5. I will provide some of the work but I have contracted (hired) the following persons to provide the work indicated:

Name	Address	Phone	Type of Work

Property Owner Signature _____ Date _____

CERTIFICATE OF ACCURACY AND COMPLETENESS

Must be signed by the landowner or authorized agent before a permit can be accepted for processing by the County of Santa Barbara

Signature authorizes County staff to enter the property described above for the purposes of inspection.

I hereby declare under penalty of perjury that the information contained in this application and all attached materials are correct, true and complete. I acknowledge and agree that the County of Santa Barbara is relying on the accuracy of this information and my representations in order to process this application and that any permits issued by the County may be rescinded if it is determined that the information and materials submitted are not true and correct. I further acknowledge that I may be liable for any costs associated with rescission of such permits.

Circle One: Land Owner Agent

Print Name

Signature

Date

And

I hereby authorize _____ to represent me before Santa Barbara County in all matters related to this application.

Print Name (Land Owner)

Signature

Date

Or

Print Name (Licensed Contractor)

License Number

Signature

Date

I understand and agree that submission of plans for building/grading plan check for the above mentioned property is not a guarantee of approval and if the project is denied by the Planning & Development Department, my advance plan check fee of \$ _____ is non-refundable.

Applicant's Signature

Date



County of Santa Barbara
Parks Department



► **Application** ◀
Special Use/Event

Name of Responsible Party:		
Name of Organization:	Non-Profit #:	
Mailing Address:		
City:	State:	ZIP:
Phone:	Fax:	Cell:
Email:		
Name of Event:		
Proposed Event Location:	Estimated Attendance:	
Date(s) of Event:	Time of Event:	
Set-up Time:	Break-down Time:	
Description of Event/Comments: <i>If additional space is required, please attach 8½ X 11 sheets.</i>		

Application submitted by: _____ Date: _____
Applicant's Signature

The following are due by **Monday, June 6, 2011.**

- Application Fee was received on 10/19/10. This is a non-refundable administration fee.
- Special Use/Event Application.
- Completed Questionnaire.

To: Santa Barbara County Parks Dept.
Attn: Special Events
610 Mission Canyon Road
Santa Barbara, CA 93105
Fax #: (805) 568-2459

.....
For Office Only: Request received by _____ Date _____
Amount Paid \$ _____ (Cash/Check/Card) Date _____ Received by _____

SPECIAL EVENT/USE INFORMATION
Please read before completing the questionnaire

Your application and questionnaire will be reviewed by Parks. Upon conditional approval, you will be required to provide the following:

X **WALK-THROUGH:** You will be required to attend a walk-through with Parks Staff prior to your event to go over the logistics and other details of your event. You will also be required to attend a post-event walk-through the day following your event. You will be contacted by Parks upon conditional approval.

X **FEES:** Fees will be determined based on the facility, impact and any additional requirements.

X **INSURANCE:** Depending on the type of activity or event, you will need to provide a Certificate of Insurance of at least \$1,000,000.00 and possibly up to \$5,000,000.00 general liability that names the County of Santa Barbara as a certificate holder. In addition, you must provide an endorsement naming Santa Barbara County as an additional insured.

X **LIABILITY WAIVER:** You will be required to sign a liability agreement. This document holds the County of Santa Barbara harmless and indemnifies it from any liability due to your event.

ADDITIONAL INFORMATION

ABC PERMIT: If you intend to sell alcohol at your event, you will need to obtain a permit from the State Alcohol Beverage Control Board. Parks will issue a "Permission to Sell" Authorization Form upon conditional approval.

FOOD SERVICE: If food will be available at your event, you must obtain a permit from Environmental Health. Contact the Public Health Department, 225 Camino Del Remedio, Santa Barbara, CA 93110, Phone: (805) 681-4900, or visit their website at www.countyofsb.org/phd and type "Temporary Food Facility" in the Quick Find Search box.

LAW ENFORCEMENT COORDINATION AND SECURITY: You may need to contact a local law enforcement office to inform them of your event and to find out any requirements they may have. You may be required to provide professional security for your event. Parks will determine if security is necessary and the number of security guards you must provide. Parks may also require a Ranger present during your event at an additional fee.

Local Law Enforcement Agencies:

- Santa Barbara County Sheriff: (805) 681-4100
- Santa Barbara Police Department: (805) 897-2300
- California Highway Patrol: (805) 967-1234.

ELECTRICITY: In many of our parks, electrical service is limited. For Courthouse Events, electricity is available at \$2.00 per amp.

TRASH CANS, LINERS, RECYCLING CONTAINERS & DUMPSTERS: All trash must be removed from the site after your event. You must remove trash from the permanent containers on the grounds and replace the liners after the event. If your event generates more trash than what existing trash cans will hold, you will be required to provide additional containers.

SANITATION: Depending on the availability of restrooms in the park area or facility you are requesting, it may be necessary for you to provide additional portable toilets. The number of additional toilets will be determined by the size of your event and expected attendance. The general requirement is one portable for every 300 guests. If only one additional toilet is required it must be handicap accessible. If more than one is required, at least one of every three portable toilets must be handicap accessible. Delivery and placement of toilets must be coordinated with Parks.

PARKING: When planning your event, consider the amount of parking required for those attending. Consider arranging shuttle services or alternative transportation to your event if necessary. Parks will discuss these issues along with traffic control upon conditional approval.

MAINTENANCE AND CLEANING: Plan on providing a clean-up crew or volunteers to clean up the grounds during and immediately following your event. The grounds and facility equipment should be left clean and ready for the next user.

****Please note that while Parks may require that you provide additional services, all arrangements and payment for those services are your responsibility.**

Please read the following and understand our facility use guidelines, even if they do not seem relevant to your particular event

County Park Cooperation Statement

- **All arrangements must be confirmed 14 days prior to event including payment & permits.**
- The event coordinator and vendor supervisors must meet with Park personnel for a "walk through" prior to the event.
- Generators are not permitted on the grounds.
- Open flames are not permitted on the grounds.
- Nothing can be attached to any building without prior approval.
- Bouncers are not permitted on the grounds.
- Vehicle access on the grounds is not permitted. Do not block any public access to the Park.
- You must arrange for portable restrooms for the event users. One handicap plus one standard per 300 event users is required.
- All trash must be removed from the site after your event. You must remove trash from the permanent containers on the grounds and replace the liners after the event.
- Do not dump **hot or cold fluids, ice**, etc. on the lawns or in the beds.
- Please monitor your caterer & setup crew to insure that all equipment for kitchen, serving, seating, staging, etc. is brought in on dollies or hand carts in a manner that protects the grounds from damage.
- Only breathable materials are permitted on the lawn. No plastic, tarps, vinyl, or synthetic materials.
- **Do not drive poles, stakes, etc into the lawn.**
- You will provide security guards for the protection of the grounds and building if required. Security guards will work at the direction of our Park Ranger(s) for grounds protection.
- If required one or more Park Rangers will be on site before, during, and at strike for your event. Cost for this service is \$56.00 per hour.
- Your sound systems must comply with the City's Municipal Noise Code, Chapter 9.16. Noise & music should not be heard beyond the perimeter of the courthouse grounds. Noise is not permitted after 10PM.
- A walk through the morning after your event may be required to be sure you have left the grounds in the condition you found them.
- Setup will be as indicated on the layout map of the park.
- Furnish a list of vendors (including phone numbers) you will be using.
- Provide a production time line.
- Furnish a **Certificate of Insurance for General Liability naming the County of Santa Barbara as an additional insured**, for combined single limit liability in the amount of \$1,000,000 per occurrence and \$2,000,000 in the aggregate. If you plan to sell or serve alcohol you must have Liquor Liability added to the Certificate of Liability. A copy of the endorsement evidencing that the County has been added to the policy as a named additional insured must be attached to the certificate of insurance.
- Sign and return (via Mail or FAX to 568-2459) the enclosed Liability Agreement and Event Permit. They will be counter signed and copies returned to you via FAX or email.

Please note that while Parks may require that you provide additional services, all arrangements and payment for those services are your responsibility. Delivery, set-up, service and removal of equipment must be discussed and planned in advance with the Park Department Special Event Coordinator.

Questionnaire Completed by: _____ Phone Number: _____

Please sign name

Attachment C

NOTICE OF EXEMPTION

TO: Santa Barbara County Clerk of the Board of Supervisors

FROM: Dennis Bozanich, County Executive Office

The activity identified below is determined to be exempt from further environmental review requirements of the California Environmental Quality Act (CEQA) of 1970, as defined in the State and County Guidelines for the implementation of CEQA.

APNs: Not applicable

Location: Santa Barbara County

Title: Special Event Permit Coordination Policy and Process

Description:

This policy has been designed to improve the inter-departmental communication, cooperation and coordination required to approve an increased number and complexity of events being held in unincorporated parts of Santa Barbara County. Numerous ordinances have been approved by the Board that assign permitting responsibility to various departments to protect public health and safety. This proposed policy will identify, guide and recommend increased communication and cooperation during the review of special event permit applications by individual departments. Specifically, this proposed policy:

- Identifies the Director of the Community Services Department to regularly convene an interdepartmental review committee to coordinate discussion about of special events that limit the public's use of rights-of-way and public facilities, and
- Recommends factors to be considered for special event permits.

Healthy, safe and secure special events are an important aspect of this community. This proposal does not change any statutory requirements of permit proponents or responsible agencies that have been approved by the Board. This policy does not establish new requirements. The goal is for departments to effectively work together to permit healthy and safe events that increase the social, economic and livability of Santa Barbara County.

Name of Public Agency Approving Activity: County of Santa Barbara
Board of Supervisors

Name of Person or Agency Carrying Out Activity: County of Santa Barbara
Community Services
Department and others

Exempt Status: (Check one)

- Ministerial
- Statutory Exemption
- Categorical Exemption
- Emergency Project
- Declared Emergency
- Not a Project

Cite specific CEQA and/or CEQA Guideline Section: 15378(b) (4)

Reasons to support exemption findings: The Special Event Permit Coordination Policy and Process is not a “project” under CEQA. No direct or indirect physical development or changes will result from this coordination process or policy. The Special Event Permit Coordination Policy and Process merely describes the internal communication and cooperation between departments as they approve their special event. Adoption of Special Event Permit Coordination Policy and Process by the County Executive Office is not a “project” for purposes of CEQA because such an adoption does not involve project “approval” nor is it a necessary step leading to approval of a project. Project approval is defined under CEQA Guidelines §15352 as a “decision by a public agency which commits the agency to a definite course of action.” Improving coordination between County departments that issue Special Event Permits is not a decision that would commit an agency to a course of action.

- **It will not lead to physical changes to or impacts on the environment.** This proposed policy will identify, guide and recommend increased communication and cooperation during the review of special event permit applications. This proposal does not change any statutory requirements of permit proponents or responsible agencies that have been approved by the Board. This policy does not establish new requirements. The goal is for departments to effectively work together as they individually permit healthy and safe events that increase the social, economic and livability of Santa Barbara County.
- **It is not related to any anticipated land development or other activity affecting the environment.** This proposed policy will only identify, guide and recommend increased communication and cooperation between departments during the review of special event applications.

For the reasons stated above, the proposed Special Event Permit Coordination Policy and Process is deemed to be categorically exempt from CEQA because it does not meet the definition of a “project” as defined in CEQA Guidelines Section 15378 (b) (4) and 15352.

Lead Agency Contact Person: Dennis Bozanich Phone #: 568-3107

Department/Division Representative:  Date: 12-28-2011

Acceptance Date: _____

Attachments:

Special Event Permit Coordination Policy and Process

Distribution: Hearing Support Staff [

Date Filed by County Clerk: _____.