



Community Development Department
14000 City Center Dr., Chino Hills, CA 91709
(909) 364-2740 Fax (909) 364-2795
www.chinohills.org

CTUP No.: _____
Submittal Date: _____
Accepted By: _____

COVID-19 TEMPORARY USE PERMIT APPLICATION

PROPERTY LOCATION

Business Name: _____
Address: _____
Phone: _____

APPLICANT INFORMATION

Name: _____ Phone: _____
Company/Business Name (if applicable): _____
Address: _____
E-mail: _____

PROPERTY MANAGEMENT INFORMATION (If different than applicant) **(REQUIRED)**

Property Management: _____
Address: _____
Phone: _____ Email: _____

BUSINESS OPERATIONS

CATEGORY:

- | | |
|---|---|
| <input type="checkbox"/> Hair Salon / Barber Shop | <input type="checkbox"/> Parking Lot Sale |
| <input type="checkbox"/> Nail Salon | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Outdoor Fitness | |
| <input type="checkbox"/> Outdoor Church Services | |

DETAILED DESCRIPTION OF OPERATIONS:

ANTICIPATED CUSTOMER COUNT:

Estimated Attendance (Total): _____ Per Day: _____
Number of Employees/Volunteers (Total): _____ Per Day: _____

OPERATING HOURS:

Day(s) of Week: _____ Time: _____
Day(s) of Week: _____ Time: _____
Day(s) of Week: _____ Time: _____
Day(s) of Week: _____ Time: _____

BANNERS, TENTS, STRUCTURES, & ENTERTAINMENT DEVICES:

1) Are you installing or constructing any structures (e.g. temporary buildings, etc.)? Yes No
• If YES, describe type, size, and number of structures and show on site plan:

2) Are you utilizing any tents or canopies? Yes No
• If YES, How Many: _____ Size: _____

3) Are you installing any portable stages? Yes No
• If YES, Identify locations & sizes on site plan.

4) Will you have any sound amplification? Yes No
 Music Microphone Other: _____
• If YES, Start Time: _____ End Time: _____

5) Please describe the sound equipment that will be used? (attach additional sheet if necessary):

6) Is electrical power required (for sound amplification, lighting, etc.?) Yes No

7) Will your event utilize electric generators? Yes No

8) Will your event utilize temporary power poles? Yes No
(Please note, a separate electrical permit may be required from the Building Division)

9) Will inflatables, bounce houses, or similar devices be used at your event? Yes No
(Please note, these are not permitted on City property)
• If YES, please describe

10) Will your event include any signs, banners, decorations, or special lighting? Yes No

11) Will this event be marketed, promoted, or advertised in any manner? Yes No
• If YES, please describe:

12) Will you have animals or a petting zoo? Yes No
• If YES, please describe:

13) Will there be any mechanical carnival rides? Yes No
• If YES, include a list of all rides, including the State issued "C" number.

TRAFFIC & PARKING:

14) Do you wish to close any streets or sidewalks for this event? Yes No
(Closure of private streets will require HOA approval)

• If YES, list all streets and sidewalks and time(s) of closure(s) (attach additional sheet if necessary):

Applications and fees are subject to change. Please visit our website for the most current version of this application.

- 15) Will any traffic routing or control devices be used for this event/activity? Yes No
- If YES, please describe?
(If event will impact City public rights-of-way, San Bernardino County Sheriff's department is required to be contracted for traffic control.)
- 16) Who will be directing traffic?
- 17) Does this event involve a moving route of any kind along streets or sidewalks? Yes No
- If YES, indicate route with direction of travel, and parking locations for the event on site plan.
- 18) Please describe your plan for disabled parking *(attach additional sheet if necessary)*:
- 19) Please describe your plan for emergency vehicle access *(attach additional sheet if necessary)*:
- 20) Please describe your plan to notify residents, businesses, and churches impacted by this event:

FOOD:

- 21) Will food be served or sold at this event? Yes No
- If YES, please describe how food will be served and/or prepared *(attach additional sheet if necessary)*:

(If selling food, please check with San Bernardino County Department of Public Health in order to determine if a handler's permit is required.)
- 22) Do you intend to cook food at the event site? Yes No
- If Yes, please specify method: Propane Charcoal Electric Other:

INSURANCE:

**If activities involve public rights-of-way (streets or sidewalks), applicant must submit a Certificate of Insurance and endorsement naming the City of Chino Hills as additional insured.*

Name of Insurance Agency: _____

Address: _____

Contact Name: _____ Phone: _____

Policy Number: _____ Policy Type: _____

Amount of Liability: _____

RESTROOM FACILITIES:

You are required to provide portable restroom facilities, *unless* you can provide sufficient availability of both ADA and non-ADA facilities on-site.

- 23) Do you plan to provide portable rest room facilities? Yes No
- If YES, Total number of portable toilets: _____ How may will be ADA compliant: _____
 - If NO, please explain on-site restroom facilities *(attach additional sheet if necessary)*:

Restroom Company: _____

Address: _____

Contact Name: _____ Phone: _____

Set Up Date & Time: _____

Pick Up Date & Time: _____

ACKNOWLEDGEMENT:

I hereby apply for a permit to operate my business outdoors in the City of Chino Hills, I agree to comply with all provisions of applicable City, County & State laws. I hereby state that I am aware it is my responsibility to maintain order while operating outdoors. I also hereby attest to the truth of the facts presented in this application.

PROPERTY OWNER:

Signature: _____ Name (please print): _____
Date: _____

EVENT ORGANIZER/HOST ORGANIZATION:

Signature: _____ Name (please print): _____
Date: _____

SUBMITTAL REQUIREMENTS (Omission of any of the following may delay processing):

- Completed application
- Proof of Insurance
- Detailed narrative of event. For multiple day events, please describe the activities occurring each
- day. A detailed site plan (see below for plan requirements) (See Sample Site Plan on Page 5)
 - Must be signed by Property Management & include management contact information

SITE PLAN REQUIREMENTS Must show the following (Omission of any of the following may delay processing):

- A map of the entire site, including the names of all streets or areas that are part of the venue and the surrounding area.
- The location of fencing, barriers, and/or barricades. **Include picture.**
- The location of restrooms, and path of travel to restroom.
- The location of all stages, platforms, canopies, tents, and other temporary apparatus. **Include size.**
- Extension Cords, Generator locations, temporary power poles, and/or other sources of electricity.
- Placement of vehicles and/or trailers. Please indicate parking areas and accessible parking. If applicable.

The following agencies may require a separate permit:

- **Chino Valley Independent Fire District** – (909) 902-5280
- **Chino Hills Police** – (909) 364-2000
- **San Bernardino County Dept of Public Health (Environmental Health Services)** – (909) 458-9673

Business Name, Address, Suite #

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o
m

Path
of
Travel

Temp Fencing

Temp Fencing

Shade Structures (2) at 20 x 20 each

**MAXIMUM ALLOWED:
TABLES 12
CHAIRS 48**

