



## PLANNING DEPARTMENT

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68-700 Avenida Lalo Guerrero - Cathedral City, CA 92234

(Staff Use Only)

Case No.:

Related Case(s):

## SPECIAL USE PERMIT

It is advisable to submit applications for review no less than 30 days prior to commencement of the use or event to ensure adequate review of the application, as the use or event may require City Council approval. If you have any questions while completing this application, please ask a member of the Planning Department for assistance. In order for the City to process a Special Use Permit Application, the application fee must be submitted with the completed application. For recurring events, a schedule must be submitted every 3 months. In addition, a detailed Site Plan must be submitted with the application. Incomplete applications will not be accepted (or process may be delayed). **(PLEASE PRINT OR TYPE)**

### CHECK TYPE(S) OF USE OR EVENT:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sidewalk/Rummage/Parking Lot Sale | <input type="checkbox"/> Carwashes                          | <input type="checkbox"/> Block Party*                             |
| <input type="checkbox"/> Carnival/Circus*                  | <input type="checkbox"/> Parade/Race/Marathon               | <input type="checkbox"/> Special Shows (vehicle display/auctions) |
| <input type="checkbox"/> Festival                          | <input type="checkbox"/> Construction/Sales/Storage Trailer | <input type="checkbox"/> Extensions of Hours                      |
| <input type="checkbox"/> Other: _____                      |   |   |

\*Per the City Council, Carnivals and Circuses are not allowed between Date Palm Drive to the east, B Street to the south, Officer David Vasquez to the north, and Cathedral Canyon Drive to the west.

### DESCRIPTION OF USE OR EVENT:

Location:

Date(s) of Event:     /     /     through :     /     /

Hours of Event: Start:     :     am/pm through:     :     am/pm

Anticipated attendees:   ☐ 1-50   ☐ 51-100   ☐ 101-500   ☐ 501-1,000   ☐ over 1,000

Will food be prepared or served:   ☐ Yes   ☐ No

Will alcohol be served:   ☐ Yes   ☐ No

Will there be live entertainment:   ☐ Yes   ☐ No     Recurring Event:   ☐ Yes   ☐ No

Will there be searchlights:   ☐ Yes\*   ☐ No

\*Searchlights need FAA approval and completion of their application. (See staff for FAA application).

If yes, provide a description of the live entertainment

For the following, please use an attached sheet of paper to complete the responses (if necessary).

Will there be loud speakers or amplification:   ☐ Yes   ☐ No

Will streets or driveways be temporarily closed:   ☐ Yes   ☐ No (If yes, provide detail on your Site Plan)

What kinds of temporary structures will be used and how will they be fastened to the ground?

### SUBMITTAL REQUIREMENTS:

- ☐ Application Fee: Standard \$1,648 Minor \$618
- ☐ Recurring Events or Events with more than 500 attendees must also submit a \$600 deposit.
- ☐ Provide 4 copies of Site Plan:
  - ☐ Please show location of the event, including buildings, temporary improvements, portable restrooms, vendor locations, parking areas and driveways.
  - ☐ Show any street closures on your Site Plan.
  - ☐ Show the location of any lighting, generators, and/or restrooms on the Site Plan.
- ☐ Non-Profit License if applicable.

Date/Time Received:

Received By:

Amount Received:

Receipt No(s):

- ☐ Signed documentation from the property owner agreeing to the use, as specified in this application.
- ☐ If event is on City property or public right-of-way, provide insurance policy or policies naming the City, its officers, agents and employees as additional insured, issued by a company satisfactory to the City Attorney, and in an amount determined to be adequate for the risks involved in the activity, as determined by the Community Development Director.
- ☐ Proof of Insurance for \$1,000,000 for Liability.
- ☐ Provision of Health Permits, ABC License, Building Permits and/or Resale Permits. All Riverside County Health Department requirements must be satisfied.
- ☐ Provision of any other Permits required by City, State, or Federal Governments.
- ☐ Signage Plan for street closures and directions to the event.
- ☐ Refuse Plan.
- ☐ Any event that has more than 3 occurrences needs approval from the City Council.
- ☐ A quarterly schedule needs to be approved by the City for recurring events. This includes dates, times, and entertainers.

### ADDITIONAL INFORMATION:

(Provide any necessary general information regarding event or any special needs for the event. Attach additional sheets if necessary.)

### PROJECT REPRESENTATIVE(S):

|  |                 |           |
|--|-----------------|-----------|
| <b>APPLICANT/<br/>REPRESENTATIVE</b> Name: | Telephone No.:  |           |
| Address:                                   | Fax No.:        |           |
| City:                                      | State:          | Zip Code: |
| Contact Person:                            | E-mail Address: |           |

I certify under penalty of perjury that all the application information is true and correct:

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

|                                       |                 |           |
|---------------------------------------|-----------------|-----------|
| <b>PROPERTY OWNER/ AGENT</b><br>Name: | Telephone No.:  |           |
| Address:                              | Fax No.:        |           |
| City:                                 | State:          | Zip Code: |
| Contact Person:                       | E-mail Address: |           |

The City will provide the applicant with hearing notices and staff reports unless another party is identified.

I, \_\_\_\_\_ am the owner of the property described in this application and hereby authorize  
Print Name  
\_\_\_\_\_ to act on my behalf on matters pertaining to this application.  
Applicant/Representative Name

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If more than one owner, a separate page must be attached listing the names and addresses of all persons (if a corporation, list officers, and principals) having interest in the property ownership.

|                 |                 |           |
|-----------------|-----------------|-----------|
| ARCHITECT Name: | Telephone No.:  |           |
| Address:        | Fax No.:        |           |
| City:           | State:          | Zip Code: |
| Contact Person: | E-mail Address: |           |

|                 |                 |           |
|-----------------|-----------------|-----------|
| ENGINEER Name:  | Telephone No.:  |           |
| Address:        | Fax No.:        |           |
| City:           | State:          | Zip Code: |
| Contact Person: | E-mail Address: |           |

**DETERMINATION OF APPLICATION (Staff Use Only):**

ACTION TAKEN: ☐ APPROVED ☐ DENIED

If approved, see attached Conditions of Approval.

If denied, provide reasons

APPROVED BY:

DATE: