TEMPORARY USE PERMIT

City of Hawaiian Gardens
Community Development Department
21815 Pioneer Boulevard, Hawaiian Gardens, CA 90716
Ph: (562) 420-2641 · Fax: (562) 420-8521
www.hgcity.org

Please complete all the items listed below using type or clear print. Before completing the application, it is recommended that you consult with the Community Development Department office on any weekday during counter hours (M,T,Th,F – 8:00 a.m. to 11:00 a.m.; W-2:00 p.m. to 5:00 p.m.). All materials become part of the public record, so please make copies for your files. **Submit applications during counter hours only.**

I. APPLICATION TYPE

- ☐ **Christmas Tree Lot**
- ☐ **Car Wash**
- ☐ **Garage Sale**
- ☐ **Outdoor Sales**
- ☐ **Temporary Signs**
- ☐ **Construction Trailer**
- ☐ **Encroachment**
- ☐ **Festival/Carnival**
- ☐ **Other:**_____

NOTE: THE CITY OF HAWAIIAN GARDENS REQUIRES THAT PRIOR TO THE ISSUANCE OF A TEMPORARY USE PERMIT; IT SHALL BE APPROVED BY THE PLANNING DIRECTOR. (18.32.070, HGMC)

II. CONTACT INFORMATION

Site Address:_____

Applicant Information:

Applicant Name	_____	dba	_____
Applicant Address	_____	Apt./ Suite	_____
City	_____	State/ ZIP	_____
Applicant Ph. (home)	_____	Applicant Ph. (work)	_____

Property Owner Information:

Owner Name	_____	dba	_____
Owner Address	_____	Apt./ Suite	_____
City	_____	State/ ZIP	_____
Owner Ph. (home)	_____	Owner Ph. (work)	_____

Organization Information:

Owner Name	_____	dba	_____
Owner Address	_____	Apt./ Suite	_____
City	_____	State/ ZIP	_____
Owner Ph. (home)	_____	Owner Ph. (work)	_____

_____

Name and Phone Number of Emergency (24 Hour) contact

III. DESCRIPTION OF TEMPORARY USE

Description of Use: _____

_____

_____

_____

_____

Duration of Operation: Dates: From: _____ To: _____

Hours: From: _____ To: _____

IV. OTHER SUBMITTALS:

Hawaiian Gardens Business License: Yes: ☐ No: ☐ Number: _____

V. OWNER/APPLICANT DECLARATIONS

I the legal owner of the property assumes the responsibility for this application and agrees to enforce and abide by any conditions of approval if the proposed project is completed.

DATE _____ OWNER SIGNATURE _____

OWNER NAME (Print) _____

I hereby agree to comply with all applicable State Laws and County and City Ordinances and Regulations regarding the type of business for which is applied herein. I further agree that any additional business carried on or conducted by me or my company is the City of Hawaiian Gardens shall require additional approvals. I hereby certify that thee above information is true and correct. In the event that City is required to take legal action to enforce the conditions of approval, I understand that I shall be liable for all legal expenses. I declare under penalty of perjury that I am the tenant/lessee of the legal owner of the property described above and has the authority to make such application for approval.

DATE _____ APPLICANT SIGNATURE _____

APPLICANT NAME (Print) _____

VI. TEMPORARY USE PERMITS – SUBMITTAL REQUIREMENTS

Project Location:_____Case Number:_____

Applicant Name:_____

DIRECTIONS: All items checked below must be submitted. If necessary, provide complete fully dimensioned plans which meet the Zoning Code (Chapter 18 HGMC) standards. This permit must displayed at the location of the temporary use at all times.

NOTE: Failure to comply with these regulations may result in the automatic revocation of the temporary use permit and can be subject to prosecution of a misdemeanor complaint. This permit is non transferable. This permit is approved for the length of time noted on the Standard List of Conditions for Temporary Use Permits and must be renewed prior to each event or activity.

☐ Submit a "bird's eye" view of the property, fully dimensioned. Show all buildings on the property and within 100 feet, property lines, easements, parking spaces, and drive aisles, landscaping, walls and fences. Show the location of the proposed temporary use, to include support activities. Include a fully tabulated legend including size of the temporary use, proposed and existing lot coverage. The plan must be drawn to scale, with a north arrow and graphic scale.

☐ Submit photos of the site and surrounding area from a variety of perspectives.

☐ If signs are also proposed as part of the temporary use, provide separate elevations and site plans for all proposed and existing signs. Plans shall be fully dimensioned and drawn to scale. All colors, materials, typefaces, illumination, structural engineering specifications, and dimensions shall be included.

☐ The permittee shall obtain and maintain for the duration of the temporary use permit insurance against claims and injuries to persons or damages to property which may arise from or connection with performance of such temporary use. Evidence of liability insurance shall be filled with the City. The minimum amount insurance shall be no less than the following:

A. General Liability - $1,000,000 per occurrence for bodily injury, personal injury, and property damage. If Commercial General Liability or other form of general aggregate limits is used, either the general aggregate limit shall apply separately of the aggregate limit shall be twice the required limit.
B. Automobile Liability - $1,000,000.00 per accident for bodily injury or disease.
C. Employer's Liability - $1,000,000.00 per accident for bodily injury or disease.

The Scope of the insurance shall include Worker's Compensation Insurance as require by the State of California and Employer's Liability Insurance.

Permittee shall furnish the City with original endorsements effecting coverage. The endorsement shall be signed by a person authorized by the insurer to bind coverage on its behalf.

☐ Obtain, and submit copies, of all applicable State and Federal permits.

☐ Submit a Business License application form, completed in full, with correct license and processing fees

VII. FEES

Application Type	Full Cost	Resident Cost	Senior Cost
Encroachment Permit (Trash Bins Only)	$107	$80	$54
Temporary Sign Permit (Banners)	$107		
Temporary Use Permit [6]	$107		

For Staff Use Only

Case #:	**Signed Affidavit:** Yes ☐ No ☐
Fee Amount:	**Fees Paid:** Yes ☐ No ☐
Date Filed:	**Received by:**