



TEMPORARY USE PERMIT SUBMITTAL REQUIREMENTS

DESCRIPTION:

A Temporary Use Permit is required for certain projects that because of their nature or operation may affect neighboring properties. In order to ensure compatibility with neighboring properties, The Planning Division will review such items as traffic, relationship with surrounding properties, and the operation of the use. The Planning Division may require certain conditions that ensure that the proposed use will not cause an adverse impact to the neighborhood.

- 1. APPLICATION FORM WITH OWNER AND APPLICANT'S SIGNATURE.
- 2. 10 SETS OF SITE PLANS (folded to 8 ½" x 11").
- 3. PROPERTY OWNER'S MAP AND TWO (2) SETS OF GUMMED LABELS.
- 4. APPLICATION FEE as per the current fee schedule.
- 5. INSURANCE NAMING CITY OF MURRIETA AS ADDITIONALL INSURED.
- 6. CITY OF MURRIETA BUSINESS LICENSE.
- 7. SECURITY SERVICE CONTRACT
- 8. ABC LICENSE
- 9. PROPERTY LEASE
- 10. HEALTH DEPARTMENT APPROVAL
- 11. SPECIAL EVENT FORM

CITY OF MURRIETA TEMPORARY USE CHECKLIST

The following information is to be shown on the site plan submitted as part of an application for a Temporary Use Permit. Distinguished between existing (dashed lines) and proposed (solid lines) and show sufficient dimensions to adequately describe the development proposed.

- 1. Property lines and dimensions.
- 2. Building and structure footprints.
- 3. All abutting streets.
- 4. Parking lot layout handicapped facilities, and all curbs, sidewalks, etc. Show number of parking stalls.
- 5. Location of road closures and type of equipment to be used.
- 6. Location and method of outdoor lighting for buildings and parking lot.
- 7. Location and number of portable restrooms including handicap.
- 8. Location of proposed and existing fire extinguishers.
- 9. All points of ingress and egress.
- 10. Location of all proposed signage.
- 11. Location of medical services.
- 12. A Vicinity Map.

CASE NUMBER _____
Date _____
Case Planner _____

SPECIAL EVENT FORM

TITLE OF EVENT: _____

TYPE OF EVENT: _____

LOCATION OF EVENT: _____

DATES OF EVENT: _____

SET-UP DATE: _____ CLEAN-UP DATE: _____

EVENT TIMES: _____

SPONSOR OF EVENT: _____

ACTIVITES: _____

ENTERTAINMENT: _____

FOOD SALES: YES NO

ALCOHOL SALES: YES NO

EXPECTED AMOUNT OF PEOPLE :

_____ ONE TIME _____ ENTIRE EVENT

SPECIAL REQUEST: _____
