



6000 Heritage Trail, Clayton, CA 94517
 925-673-7300 www.claytonca.gov

FOR OFFICE USE ONLY
File No:
Fees/Deposit:
Credit Card Approval Code:
Date Received:

Temporary Use Permit Application

1. GENERAL INFORMATION

Please complete the items listed below. Application and processing fees must be paid when the application is submitted. All applications must be submitted 45 days prior to the event.

Applicant	Name:	
	Address:	
	Phone:	Email:

Property Owner	Name:	
	Address:	
	Phone:	Email:

2. REQUIRED INFORMATION

Please fill out the information below regarding your event. Include a site plan showing the location and layout of the event. Attach a separate sheet as needed.

ADDRESS REQUIRING TEMPORARY USE PERMIT:	
DATES OF TEMPORARY USE: From: _____ To: _____	HOURS OF TEMPORARY USE: From: _____ To: _____

3. DESCRIPTION OF TEMPORARY USE

Estimated daily attendance: _____	Food or beverage sold: ___ Yes ___ No
Number of days: _____	Tents or structures : ___ Yes ___ No
Please describe the event in detail. Attach a separate sheet as needed:	

4. SUBMITTAL REQUIREMENTS

In order to assure that the general health, safety, and welfare of the community will be preserved with such temporary uses, conditions relating to each individual event may be imposed upon the applicant.

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|--|--|
| _____ Site plans | _____ Detailed project summary |
| _____ Applicable fees | _____ Certificate of Liability (if applicable) |
| _____ Deposit for police and maintenance services | _____ Noise Permit (if applicable) |
| _____ Temporary parking and signing controls | _____ Alcohol Permit (if applicable) |
| _____ Temporary fencing or barricades as necessary | _____ Private Security (if applicable) |

5. Certification:

The applicant hereby agrees to comply with all the applicable sections of the City of Clayton Municipal Code.

I (We): <ul style="list-style-type: none"> Consent to the submission of this application Understand that an incomplete application may be denied Hereby declare under penalty of perjury under the laws of the State of California that the information in this application and its attachments are true, complete, and correct. Certify to have read and understand Title 15, Chapter 15.70, found in the City of Clayton’s Municipal Code. 	
I (We): <ul style="list-style-type: none"> Understand that following receipt of a complete application, staff will review the application and that recommendations will be provided by the Chief of Police, the Maintenance Department, and the Community Development Department. The City Manager may approve the application, subject to conditions. Understand that the decision of the City Manager may be appealed to the Planning Commission within five days of the note. 	
APPLICANT SIGNATURE:	DATE:
PROPERTY OWNER SIGNATURE:	DATE:

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_____ Approved	_____ Denied	_____ Community Development Director	_____ DATE
_____ Approved	_____ Denied	_____ Maintenance Supervisor	_____ DATE
_____ Approved	_____ Denied	_____ Police Chief	_____ DATE
_____ Approved	_____ Denied	_____ City Manager	_____ DATE