



City of San Ramon TEMPORARY USE PERMIT APPLICATION

Planning Services, 2401 Crow Canyon Road, San Ramon, CA 94583
 Telephone: 925.973.2560 Fax: 925.838.3231 Web: www.sanramon.ca.gov

PROJECT INFORMATION		
EVENT NAME (If Applicable):	ADDRESS / LOCATION OF TEMPORARY USE:	
DURATION OF TEMPORARY USE:		
Set-Up Date & Time: _____		
Event Date & Time: (Start) _____ to (End) _____		
Clean-Up Date & Time: _____		
BRIEF DESCRIPTION OF TEMPORARY USE:	ESTIMATED NUMBER OF PARTICIPANTS:	
TYPICAL SUBMITTAL ITEMS (as determined by the project planner):		
<input type="checkbox"/> Written Temporary Use/Event Description <input type="checkbox"/> Run/Walk/Race Route Map(s) <input type="checkbox"/> Temporary Use/Event Site Plan or Layout Plan <input type="checkbox"/> Certificate of Insurance		
APPLICANT / OPERATOR NAME:	APPLICANT / OPERATOR ADDRESS:	CITY / STATE / ZIP:
	E-MAIL ADDRESS:	PHONE NUMBER: ()
PROPERTY OWNER / AUTHORIZED AGENT NAME:	OWNER / AGENT ADDRESS:	CITY / STATE / ZIP:
PROPERTY OWNER / AUTHORIZED AGENT'S TITLE:	E-MAIL ADDRESS:	PHONE NUMBER: ()

OWNER'S SIGNATURE	
<p>In signing this application, I, as property owner, have full legal capacity to, and hereby do, authorize the filing of this application. I have read and agree to abide by the regulations and conditions of approval listed on this application. I understand that any misrepresentation of submitted data may invalidate any approval of this application. If the temporary use is not operated in compliance with these regulations, the permit may be revoked by the Zoning Administrator.</p>	
PROPERTY OWNER / AUTHORIZED AGENT SIGNATURE :	DATE:

APPLICANT'S SIGNATURE	
<p>I declare under penalty of perjury that all of the submitted information is true and correct to the best of my knowledge and belief. I have read and agree to abide by the regulations and conditions of approval listed on this application. I understand that any misrepresentation of submitted data may invalidate any approval of this application. If the temporary use is not operated in compliance with these regulations, the permit may be revoked by the Zoning Administrator.</p>	
APPLICANT / OPERATOR SIGNATURE :	DATE:

FOR CITY USE ONLY					
TEMPORARY USE PERMIT NO.	PLANNER ASSIGNED:	DATE RECEIVED:	FEE RECEIVED:	CLEANING DEPOSIT:	RECEIPT NO.:
ASSESSOR'S PARCEL NUMBER(S):		PROPERTY ZONING DESIGNATION:	GENERAL PLAN DESIGNATION:		



City of San Ramon TEMPORARY USE PERMIT APPLICATION (CONT.)

FOR CITY USE ONLY

EVENT NAME:		TEMPORARY LAND USE PERMIT NO.:	
ZONING ADMINISTRATOR ACTION:	<input type="checkbox"/> APPROVED BY:	<input type="checkbox"/> DENIED BY:	DATE OF ACTION:
SIGNED APPROVAL FROM THE FOLLOWING DEPARTMENTS <i>(as determined by the project planner)</i> :			
<input type="checkbox"/> S.R. Valley Fire Prot. Dist. 1500 Bollinger Canyon Road (925) 838-6600, Fax (925) 838-6696	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	
<input type="checkbox"/> San Ramon Police Services 2401 Crow Canyon Road (925) 973-2800, Fax (925) 830-0674	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	
<input type="checkbox"/> Engineering Services 2401 Crow Canyon Road (925) 973-2670, Fax (925) 866-6173	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	
<input type="checkbox"/> Building & Safety Services 2401 Crow Canyon Road (925) 973-2580, Fax (925) 242-9312	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	
<input type="checkbox"/> _____	PRINTED NAME:	AUTHORIZED SIGNATURE / DATE:	

CONDITIONS OF APPROVAL

1. The temporary use authorized by this approval shall be in substantial conformance with the written description and project plan sheets date-stamped approved _____, unless modified herein.
2. The temporary use shall not be transferable to any firm, individual, or another address. Any substantial change or modification of the project application or conditions will necessitate the filing of a new temporary use permit application as determined by the Zoning Administrator.
3. The permit shall be valid for the specified time period, not to exceed _____ calendar days. The temporary use permit shall lapse if not used within the dates approved.
4. If necessary to ensure the public health, safety and welfare, the Zoning Administrator may impose additional operating conditions and restrictions upon the proposed project.
5. The permit may be revoked by the Zoning Administrator effective immediately upon verbal or written notice of violation of the terms of the permit. Verbal notice shall be confirmed by written notice mailed to the applicant/permit operator within two working days.
6. If a building permit is required, the Planning Services Division shall review and approve all building permit plans prior to issuance of the building permit.
7. If temporary event advertising signage is proposed, the Planning Services Division shall review and approve associated temporary signage through a separate temporary sign permit application.
8. To minimize noise impact to sensitive receptors, all activities including but not limited to project set-up and clean-up, construction, and operation of use shall conform to the provisions of the San Ramon Noise Ordinance No. 73. In general, set-up, clean-up, and construction hours are limited to Monday through Friday 7:30 AM to 7:00 PM, and Saturday through Sunday 9:00 AM to 6:00 PM, unless modified herein.
9. The applicant shall be responsible for all temporary use-related clean-up through the duration of the temporary use. Any damage to the existing site improvements or landscaping shall be restored or replaced in kind to the satisfaction of the Zoning Administrator.

Additional Project Specific Conditions:
