



TEMPORARY USE PERMIT SUBMITTAL CHECKLIST

CITY OF SOLVANG

PLANNING & BUILDING DEPARTMENT

411 Second Street | Solvang, CA 93463 | (805) 688-5575 | www.cityofsolvang.com

The information on this checklist **must** be submitted with your project to be accepted for review. These are the minimum requirements and additional information may be required to evaluate your application following initial review by staff. A copy of this list will be used to check your application for completeness after it is submitted. **Applications not containing the necessary information as shown on this checklist will not be accepted for review. Check each box under "applicant" to indicate that the information has been provided and sign the Checklist. If you believe an item is not applicable to your application, please indicate with "N/A".** If you have any questions regarding this form or uncertain if a specific requirement applies to your project, please contact the planning staff at (805) 688-5575x220 or via email at planningdept@cityofsolvang.com

****TUP APPLICATIONS MUST BE SUBMITTED 30 DAYS PRIOR TO EVENT****

Applicant

City

COMPLETED APPLICATION FORM. Application form can be found here: <https://www.cityofsolvang.com/DocumentCenter/View/5696/Temporary-Use-Permit-Application>

Only this application will be accepted.

EMAIL COMPLETED APPLICATION & PLANS. Email completed application and associated plans planningdept@cityofsolvang.com. All electronic plans shall be in PDF format.

SITE PLAN/FLOOR PLAN. site plans or floor plan shall include the following and be on a separate sheet. The site plan can be hand drawn or created digitally.

- Lot Dimensions
- Access to the site
- Parking Locations
- Size and location of temporary structures (i.e. tents, portables, etc.)
- Restroom Facilities
- Food/drink service locations
- Location of any proposed signs
- Proposed temporary fencing
- Proposed temporary lighting and generators

PAYMENT OF APPLICATION FEE. Remittance of deposit as established by the Master Fee Schedule. Your application will not be processed until a fee has been paid. This can be completed by cash or check.

I, the undersigned Applicant/Representative, have verified that all the submittal items required on this Checklist are included in the application materials and/or plans.

Signature

Date

Print Name



TEMPORARY USE PERMIT APPLICATION

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Please complete this planning application form and submit with all required project plans and checklists. If you have any questions regarding the project information required to be submitted with this application, please, contact us at (805) 688-5575x220 or email at planningdept@cityofsolvang.com

General Information	
Applicant:	Phone:
Mailing Address:	Email:
Property Owner(s):	Phone:
Mailing Address:	Email:

Site Address & Information
Site Address or Location(s):
Assessor Parcel No(s):

Project Information
Description of the Activity (indicate purpose of event, organization, temporary use, if music/entertainment will alcohol be provided):

Project Information

Proposed dates/hours of temporary use:

Proposed Dates/Hours for set-up & Break Down of the activity:

Estimated Number of Customers/Guests:

Estimated Number of Employees/Volunteers:

Will Off-Street Parking Be Provided:

Is there Proposed Food Service At the Event:

Additional Activities that permits will be required (i.e. road closures, sidewalk closures, temporary tents or structures, placement of temporary objects within a right-of-way, etc.)
 Encroachment Permit Building Permit SB County Fire Clearance SB Environmental Health Clearance

Provide a Site Plan on a separate sheet that includes the following information: (note: the site plan can be hand drawn or created digitally)
• Lot Dimensions
• Access to the site
• Parking Locations
• Size and location of temporary structures (i.e. tents, portables, etc.)
• Restroom Facilities
• Food/drink service locations
• Location of any proposed signs
• Proposed temporary fencing
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Signatures and Acknowledgements

I hereby certify that all the information contained in this permit, including all required plans and other submission materials is, to the best of my knowledge and belief, true and correctly represented. Should any of the information submitted be false or incorrect, I hereby agree to defend, indemnify, and hold the City of Solvang harmless from liability and; loss by reason of its reliance on any such information, consistent with Solvang Municipal Code Section 11-16-2. I further acknowledge that the approval of this permit is discretionary, and the use applied for is not allowed by right. I understand that any approval may be revoked if any of the conditions of approval are not satisfied. By signing this form, the applicant and property owner acknowledge and agree to all the conditions imposed by this permit.

Property Owner Signature

Date

Print Name: _____

Applicant Signature

Date

Print Name: _____