



County of San Diego

TEMPORARY COMMUNITY EVENTS

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2968 FAX (619) 338-2377

TCEP PRE-APPLICATION QUESTIONNAIRE

IMPORTANT: SAVE THIS DOCUMENT to your computer now and re-open in Acrobat Reader.

Please review the following questions carefully as they will guide you through the required TCEP Application components.

1. Does your event fall under the definition of TCE? YES NO

If you checked YES, please complete FORM A, TCE permit application.

If you checked NO, this is not the correct application for your event.

Contact the Sheriff's License Division at (858) 974-2020.

2. Have you checked with County Zoning to verify eligibility for your event site? YES NO

If you checked NO, please call County Zoning at (858) 565-5981 to get information on the zoning for your event site. Certain zones in the County do not allow Temporary Events. You must have an Assessor's Parcel Number for your site, or the site address.

3. Will your TCE require County road closures or usage? YES NO

If you checked YES, please complete FORM B, Department of Public Works.

4. Will you be serving food or beverages at your TCE? YES NO

If you checked YES, please complete FORM C, Department of Environmental Health, Temporary Food Facility Sponsor application. Additionally, a Temporary Food Facility Permit must be obtained by **each** vendor.

5. Will a temporary structure, including scaffolding, stages or other structures be built and/or will electricity be used at this event? YES NO

If yes to either question, please complete FORM D, Department of Planning and Land Use, Building Division.

6. Will your event generate any music or noise on or off the site? YES NO

If you checked YES, please complete FORM D, Department of Planning and Land Use, Noise.

7. Will your event have over 2,000 attendees* per day within the grounds of the event operation? YES NO

*Attendees include people attending the event, those working at it, and volunteers.

If you checked YES, please complete FORM E, Special Event Waste Management Plan.

8. Will your event be held completely within the confines of a County Park? YES NO

If you checked YES, please contact the Department of Parks & Recreation at (877) 565-3600.

Submitting TCEP Application

Once all required forms are complete, Application.

for instructions on submitting your TCEP



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TEMPORARY COMMUNITY EVENT PERMIT (TCEP) APPLICATION – FORM A

I. APPLICANT

Event Name _____

Type of Event (Fair, Garden Show, 10K Run etc.) _____

Event Date(s) 1) _____ 2) _____ 3) _____ 4) _____

Event Location - Assessor's Parcel # _____

Address _____ City _____ State ____ Zip _____

Application Type: New Renewal of/or Change in a previous Application

Sponsoring Organization's Name _____

Address _____ City _____ State ____ Zip _____

Non-Profit Status & No. _____

Org. Phone: Day _____ Evening _____ Cell / Other _____

Fax _____ Website URL _____

Attach a written communication from the organization(s) in whose name the event will be advertised which authorizes you, the contact person, to apply for this TCEP on its behalf.

Organization Contact/Representative _____

Address _____ City _____ State ____ Zip _____

Contact Phone: Day _____ Evening _____ Cell / Other _____

Fax _____ Email _____

Alternate Contact Name _____

Contact Phone: Day _____ Evening _____ Cell / Other _____

CANCELLATION OR REVOCATION NOTICE: If this event is canceled, notice must be given to the DEH TCEP Coordinator at (619) 338-2968. Otherwise, personnel and equipment may be needlessly dispatched.



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II. EVENT PRINCIPALS:

Event Principals include professional event organizers, event promoters, financial underwriters, commercial sponsors, contractors, charitable agencies for whose benefit the event is being produced, the organization or organizations in whose name the event is being advertised, and all others administratively, financially, and organizationally involved as principals in the production of the proposed special event.

Same as Organization Contact

Primary Event Contact/Representative _____

Organization/Business/Agency/Affiliation _____

Title with Regard to the Event _____

Functional Responsibility _____

Address _____ City _____ State ____ Zip _____

Contact Phone: Day _____ Evening _____ Cell / Other _____

Fax _____ Email _____

Will this person have authority to cancel or greatly modify event plans? YES NO

Will this person be present at the event area or areas and in charge of the event at all times? YES NO

Secondary Event Contact/Representative _____

Organization/Business/Agency/Affiliation _____

Address _____ City _____ State ____ Zip _____

Contact Phone: Day _____ Evening _____ Cell / Other _____

Fax _____ Email _____

Functional Responsibility _____

Title with Regard to the Event _____

Will this person have authority to cancel or greatly modify event plans? YES NO

Will this person be present at the event area or areas and in charge of the event at all times? YES NO

Alternate Event Contact/Representative _____

Organization/Business/Agency/Affiliation _____

Address _____ City _____ State ____ Zip _____

Contact Phone: Day _____ Evening _____ Cell / Other _____

Fax _____ Email _____

Title with Regard to the Event _____

Functional Responsibility _____

Will this person have authority to cancel or greatly modify event plans? YES NO

Will this person be present at the event area or areas and in charge of the event at all times? YES NO



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III. REQUESTED EVENT DETAILS: (Complete Lines A through F)

A. Requested dates(s) and time(s):

DAY #	DATE	FROM TIME	TO TIME
DAY #1		<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM
DAY #2		<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM
DAY #3		<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM
DAY #4		<input type="radio"/> AM <input type="radio"/> PM	<input type="radio"/> AM <input type="radio"/> PM

B. Set up beginning date: _____ Time AM PM

C. Set Up Location(s):
Address _____ City _____ State ____ Zip _____

D. Dismantle by date: _____ Time: AM PM

E. Anticipated number of Attendees per day:
Participants (including staff, volunteers, contractors, and/or vendors): _____
Visitors & Guests: _____
Total Number of Attendees per day: _____

F. Attach a copy or a draft of the entry form for participants/spectators.

IV. INSURANCE

Include your plans for the insurance you intend to have for this event. Final documents must be approved by the County at least 10 working days prior to your event. If these documents are not provided, or are inadequate, your permit may not be issued.

PLEASE NOTE: The Sponsoring Organization and any other Event Principals must maintain insurance for the duration of the event. To determine the amount of coverage necessary, please contact the County of San Diego's Risk Management Division. Please note that the insurance requirements depend upon the risk level of the event.

Insurance Agency: _____

Agency Representative: _____

Address _____ City _____ State ____ Zip _____

Agency Phone No. _____ Agency Fax No. _____

Insurance Carrier _____ Expiration Date _____

Policy Number _____ Policy Limit \$ _____

Policy Type Commercial General Liability Liquor Liability

List all other Public Entities impacted by the event.



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V. SANITATION:

- A. Provide name of Waste Disposal Company contracted for cleanup effort.
- _____
- B. Describe the number, type and location of portable or permanent toilets for the event. Include any other plan you have for ensuring post-event cleanliness and material preservation of County facilities, equipment, premises and streets.
- _____
- C. Indicate who will be responsible for cleaning up after animals during and after the event.
- _____

VI. EVENT LOCATION MAP

Provide and attach a detailed location map for your event and check off items below that apply to your event. Indicate the site(s) for these items on the map(s) using the letter(s) below (i.e., A.B.C. etc.).

<input type="checkbox"/>	A. Temporary or permanent structure including tent, air-supported scaffolding, booths, stages, platforms, reviewing stands, grandstands, or bleachers constructed for the event.
<input type="checkbox"/>	B. If a route or street closure is involved, show the set up, staging area, start, route and route closures (indicate directions with arrows), finish area and the area for post-event festivities for each day of the event (see IX C).
<input type="checkbox"/>	C. If a route or street closure is involved, show the places for fire lanes or emergency vehicle access and suggested detours for vehicular traffic for each day of the event (see IX C).
<input type="checkbox"/>	D. If a relay is involved, indicate hand-off points.
<input type="checkbox"/>	E. Entertainment or stage locations including location, direction and number of audio amplifiers.
<input type="checkbox"/>	F. Alcoholic beverage concession area.
<input type="checkbox"/>	G. Food & Non-alcoholic beverage concession areas.
<input type="checkbox"/>	H. General merchandise concession areas.
<input type="checkbox"/>	I. Portable and permanent toilets.
<input type="checkbox"/>	J. First aid facilities and ambulance locations.
<input type="checkbox"/>	K. Event participant and/or spectator parking areas.
<input type="checkbox"/>	L. Event organizers command post.
<input type="checkbox"/>	M. Fireworks or pyrotechnics site.
<input type="checkbox"/>	N. Vehicle fuel handling site and parked vehicle exhibits.
<input type="checkbox"/>	O. Cooking areas: <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Charcoal <input type="checkbox"/> Other _____
<input type="checkbox"/>	P. Site of electrical wiring to be installed and / or type of generator being used.
<input type="checkbox"/>	Q. Trash containers (indicate number): _____ Dumpsters: _____
<input type="checkbox"/>	R. Recycle Bins (indicate number) _____
<input type="checkbox"/>	Other: _____



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VII. AVAILABILITY OF ENTERTAINMENT, BEVERAGES AND/OR FOOD

A. Will Alcoholic Beverages be served? YES NO

Same as Primary Organization Contact

Organization applying for ABC License: _____

Contact person _____

Address _____ City _____ State ____ Zip _____

Phone No. _____ Fax No _____

NOTE: Alcohol may not be served or sold without a valid Alcoholic Beverage Control (ABC) Permit. Approval from the Sheriff will be provided to ABC upon receipt of acceptable liquor liability from Risk Management.

A1. If yes, describe how, where, when and by whom the alcoholic beverages will be served.

A2. If yes, describe what system will be used to ensure that alcoholic beverages will be consumed only by those persons 21 years or older.

B. Please check all activities that apply, or may apply to your event:

- | | | | |
|-----------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Parade | <input type="checkbox"/> Art Show | <input type="checkbox"/> Casino | <input type="checkbox"/> Fireworks Display |
| <input type="checkbox"/> Rodeos | <input type="checkbox"/> Carnival | <input type="checkbox"/> Gaming Activities | <input type="checkbox"/> Beer Garden |
| <input type="checkbox"/> Gymkhana | <input type="checkbox"/> Marathon | <input type="checkbox"/> Dancing | <input type="checkbox"/> Rides |
| <input type="checkbox"/> Craft | <input type="checkbox"/> Petting Zoo | <input type="checkbox"/> Live Entertainment | <input type="checkbox"/> Other (Please specify) |

Provide a description of each activity. If there is a private contractor for any activities, provide their name and contact information.

C. Will pre-packaged or other food and/or non-alcoholic beverages be served?

1. YES NO

2. Sold Served free of charge

If yes, you will need to complete Form C, Dept. of Environmental Health (DEH) Special Event Organizer/Sponsor Permit.

D. Is this a catered event? YES NO

If yes, please provide the name, address, telephone and license number of the caterer.

Caterer Name _____

Caterer Permit Number _____

Address _____ City _____ State ____ Zip _____

Caterer Phone No. _____ Caterer Fax No _____



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- E. If you intend to cook food in the event area, describe your area layout, including fuel or electrical source to be used. Please attach your plans for isolating (roping off) and protecting against accidents.

- F. If you intend to sell food, beverages, souvenirs, or other products, you will need a seller's permit from the State Board of Equalization (See attachment).

VIII. SECURITY AND SAFETY PROCEDURES:

- A. Describe your proposed procedures for set up, operation, internal security and crowd control. Please do not list the Sheriff's Department unless you have a pre-arranged agreement or contract with the Department. Sheriff's Department does not provide internal security for events.

Security Org Name _____

Security Org License Number _____

Address _____ City _____ State ____ Zip _____

Phone No. _____ Fax No _____

- B. If the event is to occur at night, describe how you are going to light the event area in order to increase the safety of participants and spectators (Provide attachment for Sheriff).

- C. If your event includes vehicles or animals, describe the minimum and maximum speeds of the event and the minimum and maximum intervals of space to be maintained between units

- D. Is this a bicycle race? YES NO

Sanction # _____ Sanctioning Organization _____

NOTE: Races are normally not allowed on a County maintained road

- E. Is this a bicycle tour? YES NO

If yes, how will you advise cyclists to follow the "RULES OF THE ROAD" as defined by California Vehicle Code, Section 21202a, and is necessary since the ROADS CANNOT BE CLOSED. How will you enforce this requirement? How many monitors at intersections will you use? Will you use lead bicyclists as intersection monitors? (See Form B, Department of Public Works)



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F. Will you use a staggered start? YES NO

G. How many riders will be released in each group? _____

H. How much time will elapse between each group's start? _____

I. Will you be awarding prizes to participants? YES NO

NOTE: Prizes may **not** be awarded for first or fastest finishes for a bicycle tour.

If YES, for what?

J. What participant safety equipment will be required?

K. Give name, address and phone numbers of the agency or agencies that will provide first aid staff and equipment. Attach written plans for such services to this application. Include types of medical staff such as M.D.'s, R.N.'s, E.M.T.'s, etc.

First Aid Agency Name _____

Address _____ City _____ State ____ Zip _____

Phone No. _____ Fax No _____

Indicate emergency medical services to be provided for the event. To determine appropriate level of service, contact your local Fire Department or agency.



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IX. ADDITIONAL AUTHORIZATION OR INSPECTION REQUIREMENTS:

A. Which of the following items will be used at your event (check all that apply):

- Parade Floats Cooking Facilities Enclosures Canopies
- Open Flame Vehicle Fuel Tents Any fabric shelter
- Fireworks / Pyrotechnics Air supported structures

If you checked any of the items above, you must attach a copy of your local fire department permit or letter of authorization

B. If you checked Fireworks / Pyrotechnics above, provide the following information for the licensed company contracted for your event. Pyrotechnic companies displaying fireworks **must** submit their current Sheriff's FW#

Company Name _____

Sheriff's License No. _____

Contact Name _____

Address _____ City _____ State ____ Zip _____

Phone No. _____ Fax No _____

C. Does your event involve the use of State Highways or thoroughfares? YES NO

If yes, it may be necessary for you to contact the California Highway Patrol and to secure an encroachment permit from the State of California Department of Transportation (CalTrans). Attach a copy of your permit

X. MITIGATION OF THE IMPACT ON OTHERS:

Fully describe your plans to notify, two weeks in advance, affected businesses and citizens about the event including notices through local publications and other media, direct mail announcements, neighborhood postings or door-to-door notices. Such notices should reflect the types(s) of event(s) and activity(ies), as well as the day(s), date(s), time(s) and site(s) affected. Detours and alternate routes for transportation system should also be included.

Letters of support and cooperation from impacted businesses, churches, etc., should be attached to this application.

Additionally, you might notify all transportation suppliers in your local area about your plans. Submit all public notices, press releases, and any other information about route changes to these agencies for their pre-approval before printing or publishing.



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XI. VENDORS OR CONCESSIONAIRES

A. Describe what vendors or concessionaires you will allow in conjunction with the event, and the purpose or purposes of these concessions.

B. Describe how you intend to regulate, monitor and control the type, number and quality of vendors/concessionaires whom you may permit to operate in conjunction with the event. Include floor plans for placement of booths, tables, etc., and plans for security; I. D. Bracelets, decals, badges, etc.

C. **The organizer of a temporary community event shall make available to the Sheriff's Licensing Office a list of all entertainers, vendors and solicitors participating in the event.** The event organizer must compile the list and submit to the Sheriff's Licensing Office no later than the event start date. If changes are made to the list after the event start date, an updated list must be provided. The list shall contain the following information concerning the primary representative of each vendor or solicitor participating in the event.

1. Name, residence address and phone number:
2. Business name, address and phone number:
3. Driver's license number or DMV identification, if any and state:
 - a. The event organizer shall request each entertainer and the primary representative of each vendor and solicitor to produce a driver's license or DMV identification card in order to verify identification.



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TEMPORARY COMMUNITY EVENTS PERMIT (TCEP)

Department of Animal Services Statement

“All animals are to be treated in a humane manner and provided proper care and attention at all times. Animal Control Officers are, at all reasonable times, to be permitted full access to examine any/all animals to be used in and/or kept on the premises of the event. Failure to provide access and/or immediately correct any violations may result in immediate suspension of the TCEP.”



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STATE BOARD OF EQUALIZATION

NOTICE TO OPERATORS

ALL PERSONS SELLING TANGIBLE PERSONAL PROPERTY OF A KIND ORDINARILY SUBJECT TO TAX ARE REQUIRED TO HOLD A VALID SELLERS PERMIT AND PAY TO THE STATE BOARD OF EQUALIZATION SALES TAX ON ALL SALES OF NEW OR USED MERCHANDISE SOLD ON THESE PREMISES. FAILURE TO COMPLY WITH THIS REQUIREMENT IS A VIOLATION OF STATE LAW AND PUNISHABLE BY FINE AND/OR IMPRISONMENT.

Section 6073 of the California Sales and Use Tax Law provides that the Board may require the operator of a collector's show, fair, flea market or swap meet to require every seller to hold a valid California Seller's Permit. The law further provides that any operator who fails to do so is subject to a fine not exceeding \$1,000 for each offense.

Certain types of merchandise, such as fresh produce, dairy products and other food products sold for consumption off the premises are exempt from sales tax, and sellers are not required to hold a permit. If you have any questions about whether a permit is required, call your local Board office.

Occasional sellers are not required to hold a seller's permit. Generally, an "occasional seller" is a person who makes less than three sales for substantial amounts in a twelve-month period. "Occasional seller" includes persons who have cleared out their garages of used items accumulated for their own use, and sell only those items less than three times a year. However, people who sell regularly should be instructed to obtain a permit, and their names and addresses should be supplied to the local Board office. **SELLERS WHO DO NOT HAVE PERMITS SHOULD BE REFUSED RENTAL SPACE FOR THE SALE OF TAXABLE MERCHANDISE UNTIL THEY OBTAIN A PERMIT.**

If you have reason to doubt the validity of a seller's permit number, you should call your local Board office and request that the number be verified.

If you have any questions please contact your local Board of Equalization Office.

San Diego Office (800) 400-7115 or (619) 525-4526



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I the undersigned hereby apply for a TCEP under the provisions of the SAN DIEGO COUNTY CODE OF REGULATORY ORDINANCES relating to TEMPORARY COMMUNITY EVENTS, SECTION 1, Chapter 2.9, Division 1 of Title 2, and applicable state laws.

I hereby state that I am aware it is my responsibility to attempt to maintain order at said event, and will provide such personnel as may be required and approved by the Sheriff.

I certify under penalty of perjury that the information I have given is true and correct to the best of my knowledge and belief. I understand and agree to having all required notices unless otherwise specified, sent by U.S. Mail to the address given on this application. I have read and/or understand the sections of the San Diego County Code of Regulatory Ordinances pertaining to TCEP.

(Applicant's Name)

(Date)

Non-Profit Sponsor

Name _____

Address _____ City _____ State ____ Zip _____

Phone No. _____ Fax No _____



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TCEP SUPPLEMENTARY FORMS (B,C,D,E)

YOUR TCEP APPLICATION IS NOT COMPLETE WITHOUT THE FOLLOWING SUPPLEMENTARY FORMS.

Based on the type of activities planned for your event, you may be required to complete additional forms. Review the TCEP Pre-Application Questionnaire at the beginning of this document to determine which forms you are required to submit.

If you have not already done so, **save this document to your computer** now using your event name and year as the file name. If you are unsure how to save this document to your computer,

Example: If your event name is Country Fair and event year is 2007, name your document "CountyFair2007.pdf".

If you have any questions, please contact the CEP Coordinator at (619) 338-2968.



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TCEP FORM B

APPLICATION FOR

DEPARTMENT OF PUBLIC WORKS

SPECIAL EVENT PERMIT

COMPLETE FORM B IF:

- **The public road is closed** for a parade, street fair, block party, festival, fundraising activity or other similar action conducted by the sponsoring organization.
 - **Includes use of the road for event support such as parking or equipment staging, even if the event is not conducted within the right-of-way.**
- **The public road is used** to conduct an organized athletic event such as a bicycle ride/race, a running event, a march/procession or a similar event where the activity is conducted within the right-of-way.
- The proposed event has the potential to **impact the normal operation of the roadway.**
- If traffic control will be necessary to direct participants coming to and from the event so that the normal flow of traffic is not significantly impacted.

For DPW application guidance & support, Contact Department of Public Works at:

CountyofSan Diego, Special Event Permits
DPW / Traffic Engineering (MS 0334)
5469 Kearny Villa Road, Suite #201
San Diego,CA92123-1159
(858) 874-4040 FAX (858) 874-4028

Robert Fuller, Admin Analyst, Permit Coordinator, (858) 874-4015
email: Robert.Fuller@sdcounty.ca.gov

Nassrin Samii, Civil Engineer, PE, Permit Supervisor, (858) 874-4032
email: Nassrin.Samii@sdcounty.ca.gov



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DEPARTMENT OF PUBLIC WORKS TRAFFIC ENGINEERING SECTION

APPLICATION FOR SPECIAL EVENT PERMIT

PART 1 Event Information

Permit #: _____

Name of Event: _____

Event Type _____

Date(s) of Event: _____

Hours of Event: _____

Location of Event – Describe the location at which your proposed event will be held, including a description of all roads that will be impacted. Specify which activities (from Form A) will be held at each location.

If your event includes a bike race/ride, walk, run or other athletic competition, you must collect an **Athlete's Release Form from participants**.

PART 2 Applicant Information

Non-profit Organization's Name: _____

Authorized Officer of sponsoring organization who is authorized to sign contracts for the non-profit organization:

Name & Title: _____

Email address: _____

Work Phone: _____ Fax: _____ Cell / Other: _____

Sponsoring Organization Contact / Representative (if different from above):

Name & Title: _____

Email address: _____

Work Phone: _____ Fax: _____ Cell / Other: _____

PART 3 AGENCY JURISDICTION

It is the **applicant's responsibility** to contact all of the agencies which have jurisdiction within the community area in which the proposed event is planned. The applicant is required to notify the agencies of the event plans, and to comply with any requirement which the respective agency may impose on the event. The following agencies must be contacted in regards to your event. If you need assistance identifying agencies in your area, contact Robert Fuller at (858) 874-4015.

- Fire Department(s)
- California Highway Patrol Area Office
- San DiegoCountySheriffSubstation
- Public Transit Provider(s)
- Caltrans Highway Department
- County Road Station
- United States Border Patrol Office
- Other agencies specific to the community area



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Traffic Control Plan Additional Information Form

The purpose of this form is to obtain all the needed information to assure that traffic control will be set up and conducted according to the approved plans.

Traffic Control for a Special Event is comprised of three parts:

1. **Traffic Control Plan** - The Traffic Control Plan must conform to San Diego County regional standards, showing location of
 - a. signs
 - b. barricades
 - c. traffic control devices
 - d. personnel who will staff the event
 - e. detour routes
 - f. road closures
 - g. advance notification signs

Plans must be prepared by an engineer or licensed traffic control contractor with experience in preparing plans for special events. Plans must be submitted for plan check adequately prior to the event so an approved set of plans is ready to route to other agencies no less than 30 days before the scheduled event. Please note: As a result of plan check, the plans may need to be modified and resubmitted prior to approval. The plan check and approval alone can take 1 to 3 months.

2. **Materials & Event Set-up** - You must have a firm plan for acquiring, transporting, and setting-up all traffic control materials according to your approved Traffic Control Plan.
3. **Event Staff** - You must provide adequate and appropriate personnel to staff traffic control points during the time of the event and traffic control.

Select Option A or Option B and provide the following information for the Special Event Traffic Control:

Option A. Traffic control plans, devices, and personnel will be provided by:

If the sponsoring organization is obtaining the traffic control plans and services from a licensed contractor, provide the following information:

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact person: _____

Phone No: _____ Fax No: _____ Cell No: _____

Will the above company prepare the traffic control plans? YES NO

Will the above company supervise the pickup, placement and return of all materials? YES NO

Will the above company provide trained personnel to staff the traffic control points? YES NO

IF YOU SELECT OPTION A, you must provide the Supplemental Application for Traffic Control for Support of a Special Event.



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Option B. Traffic control plans and implementation of the approved plans will be coordinated by the sponsoring organization.

1. Traffic Control Plans will be prepared by:

Will the following person submit plans and be available to make corrections? YES NO

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone No: _____ Fax No: _____ Cell No: _____

2. Traffic Control Devices will be picked up at the road station by:

Will the following person supervise the pickup, placement and return of all materials? YES NO

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone No: _____ Fax No: _____ Cell No: _____

3. Traffic Control staffing will be provided by:

Company/Agency Name: _____

Contact Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone No: _____ Fax No: _____ Cell No: _____

4. Traffic Control will be supervised by:

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone No: _____ Fax No: _____ Cell No: _____

5. Emergency Medical Services will be provided by: (Attach EMSplan prepared by service provider)

Company/Agency Name: _____

Contact Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone No: _____ Fax No: _____ Cell No: _____

6. Course monitors & volunteers will be supervised by:

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone No: _____ Fax No: _____ Cell No: _____

7. Other pertinent information (provide description):



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8. Tasks Assignments: SIGNS & BARRICADES

Task Description	Volunteer's Name	Cell # (if available)	Comments
Traffic Control Supervisor			
Mark out sign locations for setout crews			
Pickup and pre-stage signs			
Pickup and pre-stage signs			
Pickup and pre-stage signs			
Pickup and pre-stage signs			
Final setout and close roads			
Final setout and close roads			
Final setout and close roads			
Final setout and close roads			
Final setout and close roads			
Pickup signs & return to station			
Pickup signs & return to station			
Pickup signs & return to station			
Pickup signs & return to station			

TRAFFIC CONTROL

@ Intersection of	and	Name of Individual(s) providing Traffic Control (indicate if CHP, Volunteer patrol or Event staff)

Signature _____

Date _____



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TCEP FORM C

APPLICATION FOR

DEPARTMENT OF ENVIRONMENTAL HEALTH

COMMUNITY EVENT

TEMPORARY FOOD FACILITIES PERMIT



County of San Diego

TEMPORARY COMMUNITY EVENTS

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TEMPORARY FOOD FACILITY ORGANIZER/SPONSOR APPLICATION

1. Name of Event: _____

2. Date(s): _____

3. Location: _____

4. Time of Setup: _____ Hours of Operation: _____

5. Event Coordinator Name: _____

Address _____ City _____ State ____ Zip _____

Contact Phone: _____

6. Number of food booths expected to participate: _____

7. Have all food vendors been advised of the Health Dept requirements for participating in this event? YES NO

8. Will there be a Certified Farmers Market associated with this event? YES NO

9. Will there be a planning meeting for food booth participants? YES NO

If yes, Date: _____ Time: AM PM

Location: _____

10. Will electricity be provided for the food booths? YES NO

If yes, what is the source? Public Utility Generator(s)

11. Will equipment/utensil washing facilities be provided for food booth operators? YES NO

If yes, where are they located? _____

If no, you must communicate the necessity for each vendor to provide equipment utensil washing facilities? I understand

12. Are restroom facilities within 200 feet? YES NO

13. Drinking water source: Public water supply Approved Private/Well Water

14. How will waste water be disposed? Public sewer Other _____

15. Describe garbage/trash disposal (including frequency of pick-up):

16. Will there be animal rides provided? YES NO

If yes, they must be located at least 20 feet away from food booths or as otherwise directed by the department specialist.

Fee Schedule:	Make checks payable to: County of San Diego	Computation of Fees
<u>Prepackaged/nonperishable</u>	\$205 - per event (1-3 days) - single event	Fee _____
<u>Late registration Fee</u>	\$73 (less than 14 days prior to event)	Fee _____
Fees Amounts Valid until June 30, 2009		Total Amount Due _____



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Food Vendor List

Event: _____

Coordinator/Sponsor: _____ Phone #: _____

Date(s) of Event: _____

Location: _____

BOOTH NAME	PERSON IN-CHARGE	FOOD TYPE	BUSINESS TYPE
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____



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	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
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	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____



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	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____
	Name _____ Address _____ City _____ State ____ Zip _____ Phone _____		<input type="checkbox"/> Non-Profit <input type="checkbox"/> Licensed Business Permit# _____



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TCEP FORM D

APPLICATION FOR

**DEPARTMENT OF PLANNING AND LAND USE
BUILDING DIVISION**

COMMUNITY EVENT PERMIT



County of San Diego

TEMPORARY COMMUNITY EVENTS

P.O. BOX 129261, SAN DIEGO, CA 92112-9261
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DEPARTMENT OF PLANNING & LAND USE

BUILDING

1. **Will a temporary structure be installed?** YES NO

If yes, attach to-scale drawings and dimensions showing the structures and identifying their use. Include specific and detailed plans for each item.

Any such structure shall be professionally designed for the intended use.

Stages, bridges, platforms, bleachers, grandstands, reviewing stands, scaffolding, tents or other structures must comply with all current federal, state, and local laws, including OSHA standards. In addition; Tents are subject to the requirements of the local fire district and shall be of a type approved by the State Fire Marshall. Exiting, illumination and signage shall be per the California Building and Electrical Code. Trailers and mobile buildings shall have an HUD, HCD insignia or approved third party agency acceptance.

- a. **Will any temporary stage, bridge or other platform exceed 30" in height above adjacent grade?** YES NO

Bleachers, grandstand or reviewing stands: For each structure designed to seat more than 50 people, provide plans showing compliance with the California Building Code sections 303 and 1008. Plans shall be signed by a professional engineer and installed per plans or manufacturers recommendations. All installations shall be inspected to be properly constructed, safe, sound and free from structural defects. Contact Building Division of Department of Planning and Land Use.

- b. **Will any temporary single bleacher, grandstand or reviewing stand support 50 or more people?** YES NO

A stage, bridge or other platform over 30" in height: For structures more than 30 inches high please provide to-scale structural drawings with dimensions. Plans shall be signed by a professional engineer or architect and installed per plans or manufacturers recommendations. All installations shall be inspected to be properly constructed, safe, sound and free from structural defects. Contact Building Division of Department of Planning and Land Use.

Will you be using electricity at the event? For anything other than cord-connected equipment and extension cords, such installations shall pass inspection by a County Inspector prior to energizing. An electrical permit may be required if you are installing any permanent equipment such as lighting, outlets, sub-panels, generators, pumps, fountains or other non-cord-connected electrical equipment.

2. **Will electricity be used at event?** YES NO

If yes, identify location of power source, generator, or utility power? All installations shall comply with the National Electrical Code. Some of the pertinent information is as noted below but it is not intended to be a complete list.

- a. **Will fixed wiring methods be installed?** YES NO

(Other than plug connected flexible cords, extensions and portable electric panels)

If yes contact County Building Division of Planning and Land Use



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NOISE

1. Will your event be the first of its kind (same activities) at this site? YES NO
If no, please state the date of the prior event and describe any sound-related differences with respect to the current application
2. Will your event include live music or any activities involving noise generating components? YES NO
If yes, please provide a site map showing the location of the stage, speakers, or any other major sound production devices. Please clearly state the phases for staging the event including the intended hours and/or days of testing and use. You may be asked to provide more detailed specifications about the sound producing equipment, the activities, or related amplification devices
3. Will your event any off-site or on-site noise generation related to the setting up or installation of equipment? YES NO
If yes, please provide full details related to these activities including the intended hours and/or days of the installation work
4. Will your event any special notifications for the intended hour of testing and use to be distributed to nearby residences and business establishments? YES NO
If yes, please provide a site map showing the vicinity or properties that will receive a notification about your event
5. Will your event provide any temporary measures to reduce the sound impact to adjacent properties? YES NO
If yes, please provide a site map showing the location of these measures and include their specifications of materials plus the scaled dimensions of these temporary installations (i.e., height of attenuation barriers).



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TCEP FORM E

SPECIAL EVENTS

WASTE MANAGEMENT PLAN

The Regional Water Quality Control Board, Section D.3.a(2)(f), Advises:

Events expected to generate significant trash and litter shall consider controls such as:

- i. Temporary screens on catch basins and storm drain inlets
- ii. Temporary fencing to prevent windblown trash from entering adjacent water bodies and MS4 channels
- iii. Proper management of trash and litter
- iv. Catch basin cleaning following the special event and prior to an anticipated rain event
- v. Other equivalent controls



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SPECIAL EVENT WASTE MANAGEMENT PLAN

Special events generate a large amount of waste, and the County of San Diego is committed to minimizing the amount going into landfills. As required under AB 2176, special event organizers are required to meet with the County to develop a waste management plan for their events. This form will help you plan for and report on the success of your event. Appendix C includes key contact information for waste management, and Appendix D provides a sample letter to send to participating vendors. Free recycling bins can be provided for your event. For questions or assistance, please contact Stephanie Ewalt at 858-874-4285, Stephanie.Ewalt@sdcounty.ca.gov or fax 858-874-4058.

Event Date:

Event Name:

Event Attendance:

Last Year's Waste and Recycling Amounts

List the organization that collected your waste and recycling last year. Review last year's waste management receipts to determine how much was disposed and recycled at your event. ***Include donations and waste reduction quantities into the Amount Recycled category.**

Who Collected your trash? _____

Who collected your recyclables? _____

Amount Recycled (lbs) _____ Amount Disposed (lbs) _____

Estimate This Year's Target Recycling Rate

Use previous year's waste and recycling figures to estimate this year's recycling rate. Consult with your waste management crew to estimate the quantity of recyclables that will be collected this year. Use the formula below to estimate your recycling rate:

$$\frac{\text{Recycling Rate}}{\%} = \frac{\text{Amount Recycled}^*}{\text{Amount Recycled}^* + \text{Amount Disposed}}$$

For example: Hauler XYZ disposed 5,000 lbs. of trash during the event. The clean up crew reports that 1,500 lbs. was recycled as cardboard and beverage containers. 50 lbs. of t-shirts and 250 lbs. of food waste were donated to charities. Flyers were available on-line, therefore 200 lbs. of paper flyers were conserved. Therefore, the recycling rate was 29% (2,000 lbs. recycling / (5,000 lbs. trash + 2,000 lbs. recycling) = 29%).

Conversion Factors:

- 1 cubic yard of mixed trash = 168 lbs.
- 1 three cubic yard dumpster of mixed trash (the average dumpster size) = 505 lbs.
- 1 three cubic yard dumpster of mixed recyclables= 240 lbs.

**Call County Recycling for help with other conversion factors.



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Identify which materials you will have and how you plan to handle them.

Material	How will the materials be handled?		
	Recycle	Donate	Trash
Cardboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paper (newspaper, flyers, magazines, brochures)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beverage Containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastics (film, bags, wrap, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (wood, t-shirts, canopy, manure, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide a brief description in the field below of how you plan to implement waste reduction and recycling programs.

Waste Reduction and Recycling Program Description:



County of San Diego

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*** For County Use Only ***

DEPARTMENT TCEP REPRESENTATIVES APPROVAL FORM

EVENT _____ DATE _____ LOCATION _____

CONTACT _____ PHONE _____

<p>DEH/TCEP COORDINATOR FOOD & HOUSING DIVISION</p> <p>REASON <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>BY _____ DATE _____</p> <p>Bao-An Huynh (619) 338-2968 MS D-561 FAX (619) 338-2245</p>	<p>DEPARTMENT OF PLANNING & LAND USE ZONING COUNTER</p> <p>REASON <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>BY _____ DATE _____</p> <p>Dag Bunnemeyer (858) 694-2581 MS O-650 FAX (858) 495-5550</p>
<p>DEPARTMENT OF PLANNING AND LAND USE NOISE ABATEMENT</p> <p>REASON <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>BY _____ DATE _____</p> <p>John Bennett (858) 694-2177 MS O-650 FAX (858) 694-2952</p>	<p>DHR, RISK MANAGEMENT DIVISION</p> <p>REASON <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>BY _____ DATE _____</p> <p>Sharon Murphy (619) 578-5783 MS O-76 FAX (619) 578-5756</p>
<p>SHERIFF - LICENSING</p> <p>REASON <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>BY _____ DATE _____</p> <p>Blanca Pelowitz (858) 974-2020 MS O-41 FAX (858) 974-2093</p>	<p>DEPARTMENT OF PARKS & RECREATION</p> <p>REASON <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>BY _____ DATE _____</p> <p>Jake Enriquez (858) 966-1365 MS O-29 FAX (858) 495-5841</p>
<p>DEPARTMENT OF PUBLIC WORKS</p> <p>REASON <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>BY _____ DATE _____</p> <p>Robert Fuller (858) 874-4015 MS O-334 FAX (858) 874-4028</p>	<p>DPLU - BUILDING INSPECTION</p> <p>REASON <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>BY _____ DATE _____</p> <p>Bob Nagle (760) 940-2928 MS O-650 FAX (760) 940-2925</p>
<p>DEPARTMENT OF ANIMAL CONTROL</p> <p>REASON <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>BY _____ DATE _____</p> <p>Lt. Wright (619) 767-2623 MS H-39 FAX (619) 767-2706</p>	<p>DEPARTMENT OF PUBLIC WORKS - RECYCLING</p> <p>REASON <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED</p> <p>BY _____ DATE _____</p> <p>Stephanie Ewalt (858) 874-4285 FAX (858) 874-4058</p>