TEMPORARY ENCROACHMENT PERMIT APPLICATION

Outdoor Seating in the Public Way

City of Carmel-by-the-Sea
Department of Community Planning & Building
P.O. Drawer CC, Carmel, CA 93921
(831) 620-2010 OFFICE

1. Business Name & Location: __________________________

   Block: ________ Lot(s): __________ Assessor Parcel No.: _______________________________

2. Applicant:

   Mailing Address: __________________________ City: __________ State: ____ Zip: _______

   Telephone # (_____) ________________ E-Mail: ________________________________________

3. Submittal Requirements:
   a. Completed application for ‘Outdoor Seating in the Public Way’.
   b. Completed site plan diagram (attached) showing the layout of the outdoor seating area including,
      i. The number and location of tables/chairs;
      ii. Dimensioned detail of barrier or photo with description of dimensions (for outdoor seating
          in parking spaces only);
      iii. The number and location of umbrellas, the fabric color, and how the umbrella will be
          secured at the base;
      iv. The number and location of portable heaters;
      v. The number, location, type and power source of lighting (if proposed); and,
      vi. The number, location, size, material and a statement of necessity for signage (if proposed).
   c. Photographs of the tables and chairs to be placed in the public way (plastic not permitted).
   d. A certificate of insurance with an endorsement in the amount of $2,000,00 in combined single limit
      insurance for personal injury and/or property damage per occurrence and $4,000,000 in aggregate
      naming, “The City of Carmel-By-The-Sea, its elected officials, officers, agents and employees are
      additionally insured under the policy.”
   e. The city will verify that all taxes and assessments are current prior to reviewing this application.

Applicant Acknowledgement

I understand and agree to comply with all pertinent conditions, standards and requirements as specified by the Carmel Municipal Code, State, County and Federal regulations pertaining to this permit application. I agree to properly maintain the subject work at no expense to the City and to indemnify the City from any liability arising from the permit issued. Acceptance by the City of the work described hereon is not a waiver of my obligations as stated herein.

Applicant Name (Print Clearly): ______________________________________________________

Signature: __________________________ Date: __________________

Rev: June 2020 1 of 2
Public Works Department: Approve/Disapprove (circle one)
By: _______________ Date: ______

Planning Department: Approve/Disapprove (circle one)
By: _______________ Date: ______

Police Department: Approve/Disapprove (circle one)
By: _______________ Date: ______

Additional Conditions of Permit Approval by City Departments:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Approval Stamp
SITE PLAN DIAGRAM

Sketch the proposed layout of the outdoor seating area in the public way and include the following,

1. The number and location of tables/chairs;
2. Dimensioned detail of barrier or photo with description of dimensions (for outdoor seating in parking spaces only);
3. The number and location of umbrellas, the fabric color, and how the umbrella will be secured at the base;
4. The number and location of portable heaters;
5. The number, location, type and power source of lighting (if proposed); and,
6. The number, location, size, material and a statement of necessity for signage (if proposed).
Questions or concerns regarding this outdoor seating area can be directed to,
Code Compliance at (831) 620-2026 or Carmel Police at (831) 624-6403

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(831) 620-2010 OFFICE

THIS PERMIT MUST BE DISPLAYED ON-SITE AT ALL TIMES

<table>
<thead>
<tr>
<th>Date:</th>
<th>Permit Number:</th>
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Business Name & Location: __________________________________________________________

Applicant Name & Phone Number: __________________________________________________

This permit approval allows for _____ parking spaces and includes the following:

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<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<th>On-Street Dining: No. of Seats:</th>
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<tr>
<th>Sidewalk Seating: No. Tables/Chairs /</th>
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<th>On-site service and consumption of alcohol</th>
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<th>Umbrellas: No.</th>
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<th>Propane Heaters: No.</th>
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<tr>
<th>Music, Live</th>
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<table>
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<tr>
<th>Music, Amplified</th>
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<th>Lighting:</th>
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<th>Signs: No. Placement</th>
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Special Conditions:

1. Smoking within outdoor seating areas is prohibited at all times.