



TEMP EN _____

Date: _____

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: _____

CITY USE BELOW THIS LINE

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: _____

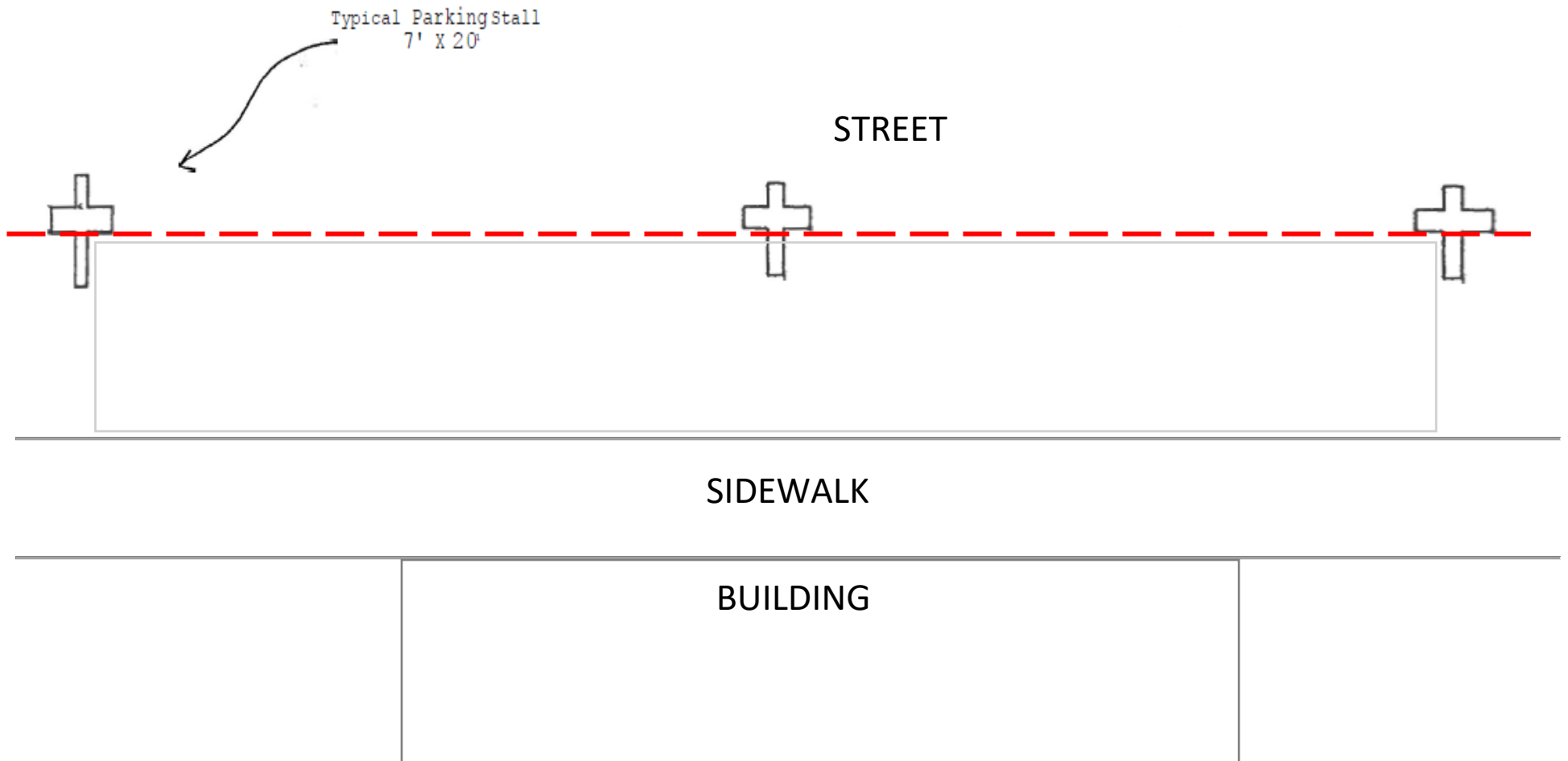
Approval Stamp

Additional Conditions of Permit Approval by City Departments:

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).





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(831) 620-2010 OFFICE

THIS PERMIT MUST BE DISPLAYED ON-SITE AT ALL TIMES

Date: _____

Permit Number: _____

Business Name & Location: _____

Applicant Name & Phone Number: _____

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

<u>Yes</u>	<u>No</u>	
		On-Street Dining: No. of Seats: _____
		Sidewalk Seating: No. Tables/Chairs _____ / _____
		On-site service and consumption of alcohol
		Umbrellas: No. _____
		Propane Heaters: No. _____
		Music, Live
		Music, Amplified
		Lighting: _____
		Signs: No. _____ Placement _____
		Special Conditions:
		1. Smoking within outdoor seating areas is prohibited at all times.

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