



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): _____ Parcel #: _____

2. Applicant: _____

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

Telephone # (____) _____ E-Mail: _____

3. Submittal Requirements:

- a. Completed application for 'Outdoor Seating in the Public Way'
- b. Site plan and photographs showing the layout of the outdoor seating area
- c. Photo/Detail of the outdoor seating barrier (when located in a parking space)
- d. Photographs of the tables and chairs (plastic not permitted)
- e. 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."*

4. Description of Outdoor Seating Area, including number of parking spaces requested (if applicable), and the number of tables and chairs:

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:
