

Application No.: _____

Date Received: _____

Approved By: _____

Beginning Date: _____

Ending Date: _____

City of Hemet

PLANNING DIVISION

445 E. Florida Avenue, Hemet, CA 92543

(951) 765-2375

www.Hemetca.gov

No Fee

TEMPORARY USE PERMIT APPLICATION (COVID OUTDOOR DINING)

Property Information - Location of Temporary Use

Address: _____

Name of Center: _____

Zoning: _____

APN: _____

Is the Property Vacant? Yes No

Applicant Information - The applicant is the designated contact to receive materials from the City.

Business Name: _____

Business Address: _____

Contact Name: _____

Phone Number: _____

Email: _____

Owner Information -

Owner Name: _____

Owner Address: _____

Contact Name: _____

Phone Number: _____

Email: _____

Type of Temporary Use

Christmas Tree Sales

Pumpkin Sales

Land Clearing Goats

Construction Trailer

Parking Lot/Sidewalk Sales

Other - Outdoor Dining/Seating Area

Grand Opening

Produce Stand

Dates and Time of Use : COVID 19 T.U.P. are valid for 30 days with possible option for extension

Beginning Date: _____

Ending Date: _____

Hours of Operation: _____

Submittal Requirements

- 1. Processing fee pursuant to the latest adopted fee schedule.
- 2. Description of temporary use. Check all that apply.
 - Tree flocking Outdoor Food Generator or other temporary power
 - Amplified music Lighting Use of streets or right-of-way
 - Tent or Canopy Size: _____ Number _____
 - Loss of parking Number of spaces lost: _____
 - Other

Describe Temporary Use:

- 3. Attach a site plan (8.5" x 11" or 11" x 17") that includes a General site plan or Google satellite view, proposed structures such as easy-ups and tables, continuous partitions to segregate the dining area from usable parking spaces (partitions must be free of advertising and be clearly labeled "Outdoor Dining Area").

APPLICANT CONCURRENCE

I have read and understand the requirements regarding temporary use permits and agree to abide by them and by any associated conditions of approval. I understand that the activity permitted under this temporary use permit must be discontinued on the date specified on this form. I agree to leave the site occupied by the temporary use free of debris, litter, or other evidence of the use upon completion or removal of the use. I also understand that it is my responsibility to obtain any other applicable approvals or permits from the City of Hemet Departments/Divisions of Fire, Building, Public Works, Engineering, Police, and Business License, and from all applicable County and State agencies. I understand that if the required inspections are not completed prior to the opening of the temporary use, the City may shut down the event permanently or until such time all inspection approvals have been granted. If this permit is for a parking lot or sidewalk sale, I certify that the sales are in conjunction with and clearly incidental to an existing permanent use on-site.

Applicant First Name (Printed)	Applicant Last Name (Printed)
Applicant Signature	Date

Property Owner First Name (Printed)	Property Owner Last Name (Printed)
Property Owner Signature	Date