



BEAUMONT PLANNING DEPT.
550 E. 6th Street
Phone (951) 769-8518
BeaumontCa.gov/Planning

HOLIDAY DECORATION ENCROACHMENT

Please completely fill out the attached applications for installation of holiday decorations in the City right-of-way:

- ☐ Completed Special Event Permit
- ☐ Completed Encroachment Permit along with payment in the amount of \$50.00; (non-refundable)
- ☐ Proof of General Liability Insurance in the amount of \$1,000,000

GENERAL REQUIREMENTS: Please initial each

- _____ Clearance – Per Riverside County Fire Department, a minimum ground clearance of 15 feet must be maintained at all times
- _____ Attachments – No decorations of any kind may be attached to any City/publicly owned property, including but not limited to utility poles, street signs, etc.
- _____ Blocking or impeding traffic – Decorations shall not block or impede the regular flow of pedestrian or vehicular traffic.

CERTIFICATION OF ACCURACY AND COMPLETENESS: *I hereby certify that to the best of my knowledge the information in the attached applications and all attached answers and exhibits are true, complete, and correct.*

Applicant Signature

Date

Print Name and Sign – Landowner

Date

Once your completed application has been submitted and the necessary fees have been paid, the City will review all information submitted and contact the applicant approving the project with certain conditions or denying the project with additional information requested.

FOR OFFICE USE ONLY

- ☐ Special Event Application
- ☐ Encroachment Fee
- ☐ Proof of Insurance

Date Received: _____ Received by: _____



CITY OF BEAUMONT
550 E. 6th Street
Phone (951) 769-8520
BeaumontCa.gov

SPECIAL EVENT PERMIT APPLICATION - CITY OF BEAUMONT

APPLICANT (Organization Conducting Event)

ORGANIZATION: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

TEL: (____) _____ FAX: (____) _____ EMAIL: _____

YES NO

_____ Is this a non-profit organization? If yes, provide tax identification number

_____ Can members of the general public join this organization?

EVENT CONTACTS

PRIMARY'S NAME: _____ EMAIL: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

DAY TEL: (____) _____ ALTERNATE TEL: (____) _____ FAX: _____

ALTERNATE CONTACT: _____ EMAIL: _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

DAY TEL: (____) _____ ALTERNATE TEL: (____) _____ FAX: _____

FOR THE OFFICE OF CULTURAL AFFAIRS COORDINATED EVENTS ONLY:

Website: _____

Public Information Contact Name: _____ Public Information Contact Phone#: (____) _____

GENERAL EVENT INFORMATION

EVENT NAME: _____

TYPE: (Parade, Festival, Run, Ceremony, ect.): _____

LOCATION: Check and complete all applicable lines

____ On the Downtown Parade Route (STREET)

____ In the Downtown Festival Site (STREET)

____ In a City park.....Name of Park(s): _____

____ On a Paseo or Plaza.....Name of Paseo or Plaza(s): _____

____ On a City street.....Name of street(s): _____

____ On private property.....Event location address: _____

Assessor's parcel number(s) of event location: _____

BEGIN SETUP: Date: _____ Time of Day: _____ am/pm Indicate when you will take possession of the event
site to begin event setup

ACTUAL EVENT DAY/DATE(S):	TIME OF DAY:		Est. Daily Attendance
_____	(Start) _____ am/pm	(End) _____ am/pm	_____
_____	(Start) _____ am/pm	(End) _____ am/pm	_____
_____	(Start) _____ am/pm	(End) _____ am/pm	_____

Number of attendees by age: Youth (under 18): _____ Adult: _____ Total attendance: _____

Number of attendees present during the most crowded period of event: _____

FINAL CLEANUP: Date: _____ Time of Day: _____ am/pm Indicate when the event site will be completely cleaned
& reopened for normal use

City Office Use Only:

SPECIAL EVENT PERMIT APPLICATION - CITY OF BEAUMONT

EVENT DESCRIPTION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Was this event held last year? If yes, where _____ Attendance? _____
<input type="checkbox"/>	<input type="checkbox"/>	Is this a Charitable fundraiser? If yes, for what cause? _____
<input type="checkbox"/>	<input type="checkbox"/>	Is there an attendance fee? Fee per person: \$ _____ Fee collected in advance? _____
<input type="checkbox"/>	<input type="checkbox"/>	Is this event open to the public?
<input type="checkbox"/>	<input type="checkbox"/>	Will there be any areas within the event that will be for private use only? (Example: VIP area, ect.)

MANDATORY ATTACHMENTS: Required to be submitted with every application. Reference page ii for instructions.

EVENT NARRATIVE: Please provide a description of the event theme, purpose, schedule of activities, entertainment, food, beverages (including alcohol), cleanup plan, ect.

SITE DIAGRAM: For activities on **public and private property:** a detailed drawing depicting the proposed layout, including the location of booths, tables, stages, fences, dumpsters, signage, portable toilets and all other event equipment. For any activity on **private property:** diagram must also show **all** marked parking spaces, adjacent streets, residential units, and indicate the linear feet from the event boundary to streets and residences.

ROUTE MAP: For parades, runs, walks and races on **public streets or sidewalks:** a map of the proposed route, route, start and finish points, direction of movement and proposed street closures including the specific lane(s) requiring closure.

SPECIFIC EVENT INFORMATION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Will <u>any</u> equipment be used on the event site? (Examples: fence, tent, canopy, table, chair, stage, trash container, dumpster, booth, amplified sound system, musical instruments, carnival ride, parade float, portable toilet, ect.)
<input type="checkbox"/>	<input type="checkbox"/>	Will the event require the closure of any public street or traffic lane?
<input type="checkbox"/>	<input type="checkbox"/>	Will there be any food and/or beverages prepared, sold or served at the event?
<input type="checkbox"/>	<input type="checkbox"/>	Will there be sales of any kind?
<input type="checkbox"/>	<input type="checkbox"/>	Will there be any activity connected to the event? (Examples: live animal display, parachute jump).
<input type="checkbox"/>	<input type="checkbox"/>	Do you require any City services? (Examples: traffic control, tow zone, street barricades, electrical power, ect.)

If you answered NO to all of the questions in this section, you have completed this application. Sign the Declaration below, attach the Mandatroy Site Diagram or Route Map and submit your application.

If you answered YES to ANY of the questions in this section, please complete the remainder of this application.

DECLARATION

As the authorized representative of the applicant, I hereby declare that:

- The information contained in this application and attachment(s) is true, complete and to the best of my knowledge.
- Applicant agrees to defend, indemnify and hold harmless City, its officers, agents and employees from and against any and all claims, demands, causes of action, or liabilities incurred by City, its officers, agents, or employees, arising from Applicant's acts or omissions under this Agreement or any act of omission of the Applicant's permission or invitation of Applicant, except as may arise from the negligence or willful misconduct of City, its officers, agents, contractors, or employees. In any action or claim against City in which Applicant is defending City, City shall have the right to approve legal counsel providing City's defense and such approval shall not be reasonably withheld.
- Applicant has received and understands the information contained in the Special Events Guidelines and will adhere to required arrangements listed within these Guidelines.
- Applicant will pay for actual costs of any City services provided for your event within 30 days from receipt of City invoice.
- No copyrighted musical or visual arts composition shall be performed or played, weather amplified, televised, in the form of a mechanical recording or personal rendition, or otherwise in connection with any use of City property, unless the Applicant shall have first obtained all approvals and paid any license fee or other fee required by the copyright owner. Without limitation of any other provision, Applicant's indemnification of City as set forth in a permit or authorization to conduct an event, shall include indemnifying and saving City harmless from and against any and all liability or responsibility whatsoever for any infringement of an/or other violation of the right of any such copyright owner under any copyright law.
- Applicant will provide access to the City's Special Event recycling service provider at a level of service established by the Director of Environmental Services or his/her designee if the following conditions are met: the event occurs on a City street or on a City-owned site, facility or public park and has an average daily attendance of at least 1,000 persons.

Signature _____ **Date** _____

Print Name _____ **Title** _____

Business Name _____ **Tel** (____) _____ **Email** _____

For Private Property Event, a letter from the property owner (or an agent authorized by the owner) must be included with this application. The letter should be on company letterhead acknowledging their approval of the event, knowledge of the date, time and activities scheduled to take place. Contact information (address, email and phone) for this individual should be included in the letter.

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ADDITIONAL EVENT INFORMATION

Equipment / Source of Power

YES	No	
1. _____	_____	Will the event be fenced? Do you want the City to provide fencing? YES: _____ NO: _____
2. _____	_____	Will there be parade floats?
3. _____	_____	Will there be a tent or canopy? If yes, date being erected: _____ Size(s): _____
4. _____	_____	Will amplified sound equipment be used?
5. _____	_____	Will electrical power be used...Do you want the City to provide electrical power? Yes: _____ NO: _____
6. _____	_____	Will a generator be used?
7. _____	_____	Will there be a stage?..... If yes, date being set up: _____ Removal date: _____
8. _____	_____	Will heaters be used?..... If yes, indicate heater type: _____
9. _____	_____	Will there be booths?.....If yes, complete the following information: # of sales booths: _____ # of non-sales booths: _____ Total booths: _____ Booth setup date: _____ Setup time: _____ Booth removal date: _____ Removal time: _____ Vendor arrival date: _____ Arrival: _____
10. Total tables that will be set up (outside of booths): _____		

Food and Beverage

YES	NO	
11. _____	_____	Will alcohol be sold or served?..... If yes, Beer? _____ Wine? _____ Other? _____
12. _____	_____	Will there be food preparation?
13. _____	_____	Will there be cooking booths?
14. Indicate all cooking methods: Electrical appliance: _____ Liquid fuel device: _____ Wood/Charcoal BBQ: _____ Deep Fryer: _____		

Sales

YES	NO	
15. _____	_____	Will any items be sold?
16. _____	_____	Will vehicles be sold?
17. _____	_____	Are you requesting a Vendor Zone? Applicable to Downtown events only - this controls vendor carts around your event.

Traffic and Parking Control

YES	NO	
18. _____	_____	Will you require a "No Parking" tow zone?
19. _____	_____	Will you require a traffic control officer?
20. _____	_____	Are you requesting that any public street or traffic lane be closed for your event?

Miscellaneous Activities

YES	NO	
21. _____	_____	Will there be a circus or carnival?
22. _____	_____	Will there be fireworks/pyrotechnics?
23. _____	_____	Will there be aircraft or a parachute jump?
24. _____	_____	Will there be live animals?
25. _____	_____	Will there be items that produce extra trash/litter ((flyers, box lunches, ect.)? Describe: _____
26. _____	_____	Will there be any other type of activity not listed here? Describe: _____

Additional information describing above responses: _____



CITY OF BEAUMONT
Public Works Department
550 East 6th Street
Beaumont, CA 92223
(951) 769-8522

PublicworksEP@beaumontca.gov
ENCROACHMENT PERMIT

IMPORTANT NOTICE

Section 4216/4217 of the Government Code requires a DigAlert Identification number be issued before a "Permit to Excavate" will be valid. For your DigAlert Number, call Underground Service Alert TOLL FREE, 1-800-422-4133, two working days before you dig. I.D. # _____

APPLICANT'S INFORMATION		Private Development <input type="checkbox"/> Utility <input type="checkbox"/> City Project <input type="checkbox"/>	
Site Address/Location:		Permit Number: _____	
Tract/Parcel Number:		Date application received: _____	
Scope of Work:		Fee: _____ Receipt Number: _____	
Valuation:		Cash Deposit or Surety Bond: Required <input type="checkbox"/> Not Required <input type="checkbox"/>	
Prime Contractor (Applicant):		Amount of deposit: \$ _____ Date Received: _____	
Address:		Refundable: Yes <input type="checkbox"/> No <input type="checkbox"/> Date Returned: _____	
Phone Number: _____		Permit Effective Date: _____	
Emergency phone number: _____		Permit Expiration Date: _____	
Email address: _____		Insurance Policy Number: _____	
Contractors State License Number (Class A, C-8, or C-36 required; License shall be presented with this application):		Expiration Date: _____	
City of Beaumont Business License Number:		Certificate provided and on file <input type="checkbox"/>	
Subcontractor (attach additional sheets if more than one):		Field Inspector Assigned: _____	
Address:		Phone Number: _____	
Phone Number: _____		The following approved documents are a part of this permit:	
Emergency phone number: _____		Plans: _____	
Subcontractor's State License Number:		Other: _____	
I hereby acknowledge and agree that: (1) I have read and understand this permit and the incorporated General and Special Provisions; (2) the information contained herein is true and correct; (3) I will comply with all City Ordinances, Standard Specifications and the terms, conditions and restrictions of this permit; and (4) I will promptly reimburse the City for expenses resulting from work performed by City forces or City contractors in correcting or repairing incomplete work and unsafe conditions. Permission is hereby granted to the City and/or its agents to enter upon the project site to perform emergency work when necessary or to ensure compliance with the permit.		Special conditions of this permit:	
I declare under the penalty of perjury that the foregoing is true and correct.		Required and Attached <input type="checkbox"/> Not required <input type="checkbox"/>	
X _____		Detour/Traffic Control Plans:	
Applicant shall notify City of Beaumont Public Works Department 48 hours prior to the start of work. (951) 769-8522		Required <input type="checkbox"/> Not Required <input type="checkbox"/> Approved <input type="checkbox"/>	
		This form, when properly validated by signature, is a permit to do the work or acts described.	
		Inspector Signature _____	
		Beaumont City Engineer _____	
		Note: The Permittee shall not start any work prior to contacting the Field Inspector assigned and scheduling a pre-construction meeting; at which time the permit will be activated. Failure to contact the inspector will result in forfeiture of fees paid for this permit. The submittal of a new Encroachment Permit application and associated fees will be required.	
		Work Completed:	
		Date: _____ Field Inspector Signature: _____	

Special Events Insurance Requirements

Special events can include a variety of situations including but not limited to the use of City space for parties and other events or events occurring at the local parks.

REQUIREMENTS:

The Special Event Sponsor shall procure and maintain for the duration of the event insurance against claims for injuries to persons or damages to property which may arise from or in connection with the Special Event Sponsor's operation and use of the premises. The cost of such insurance shall be borne by the Special Event Sponsor.

Minimum scope of insurance

Coverage shall be at least as broad as:

1. Insurance Services Office Commercial General Liability coverage.
2. Workers' Compensation insurance as required by the State of California and Employers' Liability insurance (for Special Events Sponsors with Employees).
3. Property insurance against all risks of loss to any tenant improvements or betterments if any.

Minimum Limits of Insurance:

Special Events Sponsor shall maintain limits no less than:

1. General Liability: \$1,000,000 per occurrence per bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other from with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
2. Workers' Compensation as required by the State of California.
3. Employers' Liability: \$1,000,000 each accident. \$1,000,000 policy limit bodily injury by disease, \$1,000,000 each employee bodily injury by disease.
4. Property Insurance: Full replacement cost with no coinsurance penalty provision.

Deductable and Self-Insured Retentions:

Any deductible or self-insured must be declared to and approved by the City. At the option of the City, either: the insurer shall reduce or eliminate such deductions or self-insured retentions or respect the City, its officers, officials, employees and volunteer; or the Special Events Sponsors shall provide a financial guarantee satisfactory to the City guaranteeing payment of losses and related investigations, claim administration and defense expenses.

Other Insurance Provisions:

1. The City of Beaumont, its officers, officials, employees and volunteers are to be covered as insured with respect to liability arising out of ownership, maintenance or use of that part of the premises leased to the Special Events Sponsor.

2.The Special Events Sponsor's insurance coverage shall be primary insurance as respects the City of Beaumont, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the City, its officers, officials, employees or volunteers shall be excess of the Special Events Sponsor's insurance and shall not contribute with it.

3.Each insurance policy required by this clause shall be endorsed to state that coverage shall not be canceled, except after thirty (30) days prior written notice has been provided to the City.

Acceptability of Insurer:

Insurance is to be placed with insurer with a current A.M. Best's rating of no less than A: VII, Unless otherwise acceptable to the City. Exception may be made for the State Compensation Insurance Fund when not specifically rated.

Verification of Coverage:

Special Events Sponsor shall furnish the City with endorsements effecting coverage required by this clause.

The endorsements are to be signed by a person authorized by that Insurer to bind coverage on its behalf. All endorsements are to be received and approved by the City before the special events permit becomes effective. However, failure to do so shall not operate as a waiver of these insurance requirements. As an alternative to the City's forms, the Special Events Sponsor's insurer may provide completed copies of all required insurance policies, including endorsements affecting the coverage required by these specifications. Coverage shall be equal to that provided to the first named insured. Any limitations on coverage application only to the City shall not be acceptable.

SPECIAL EVENT PERMIT APPLICATION - CITY OF BEAUMONT

APPROVAL

1. Community service _____ **Date:** _____

Comments: _____

2. Police (Chief of Designee) _____ **Date:** _____

Comments: _____

3. Fire _____ **Date:** _____

Comments: _____

4. Planning _____ **Date:** _____

Comments: _____

5. Public Works _____ **Date:** _____

Comments: _____

