



**CALAVERAS COUNTY
PLANNING DEPARTMENT**

GOVERNMENT CENTER
891 MOUNTAIN RANCH RD
SAN ANDREAS, CA 95249
Phone (209)754-6394 / Fax (209)754-6540
email: planningweb@co.calaveras.ca.us

SPECIAL EVENTS APPLICATION

**NOTE: FAILURE TO ANSWER APPLICABLE QUESTIONS AND REQUIRED ATTACHMENTS
COULD DELAY THE PROCESSING OF YOUR APPLICATION.**

Submit a completed application, fees and any additional information to the Planning Department **at least 30 days prior to your event for an AUP or 6 months prior to your event for a CUP.**

EVENT INFORMATION

EVENT TITLE: _____ **EVENT DATE(S):** _____
Event Location (including address): _____

Assessor's Parcel Number(s): _____
Zoning: _____ General Plan Designation: _____ Lot Size: _____
Event Hours (include Set Up through Break Down): _____
Projected Number of Attendees, Vendors, Volunteers, etc.: _____

APPLICANT & SPONSORING ORGANIZATION INFORMATION

Sponsoring Organization(s): _____
Contact Person: _____ Phone Number: _____
Mailing Address: _____
Email: _____
Property Owner(s): _____
Mailing Address: _____
Phone Number: _____ Email: _____

EVENT DETAILS

Type of Event:

- Festival Run/Walk Bike Race Parade
 Concert/Live Music Other _____

Describe in detail the proposed event (Attach separate sheet if necessary): _____

Will the event involve or require any of the following (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Overnight camping _____ number of campers | <input type="checkbox"/> Parade or Race route |
| <input type="checkbox"/> Temporary structures (tents, fencing, etc.) | <input type="checkbox"/> Food preparation for sale or consumption |
| <input type="checkbox"/> Alcohol Served or Sold – ABC License Needed | <input type="checkbox"/> Temporary toilet facilities |
| <input type="checkbox"/> Onsite parking | <input type="checkbox"/> Street parking |
| <input type="checkbox"/> Access from a County road | <input type="checkbox"/> Access from a State Highway |
| <input type="checkbox"/> Generators | <input type="checkbox"/> Fireworks or Pyrotechnics |
| <input type="checkbox"/> Carnival or animal rides | <input type="checkbox"/> Other _____ |

Describe the parking arrangements in detail for the event (Attach a plan if necessary): _____

Will the event require the temporary use or closure of any roads or highways?: Yes No If Yes, additional permitting will be required from the County and/or State.

Will there be sound amplification?: Yes-Indoors Yes-Outdoors No If Yes, how many hours per day? _____ If Yes, name start and stop time. _____

Estimated Length of Parade: _____ Estimated Number of Floats: _____

Event Security: Applicant has contacted the Calaveras County Sheriff's Department to determine if security is required for the event. Yes No If Yes, what means of security will be provided for the event? Private Security Company Contract with Sheriff's Department Both

Right of Entry

I (We) hereby acknowledge that by making this application, and under the authority of Government Code Section 65105, that in the performance of their functions, County agency personnel may enter upon the subject property and make examinations and surveys, provided that the entries, examinations and surveys do not interfere with the use of the land by those persons lawfully entitled to the possession thereof.

DECLARATION UNDER PENALTY OF PERJURY

I am (We are) the owner (s) of property involved in this application and I (We) have completed this application and all other documents required. I am (We are) the owner (s) of the property consenting to the preparation and submission of this application. I (We) declare under penalty of perjury that the foregoing is true and correct.

Signature of Property Owner (s):*

Signed: _____

Address: _____

Date: _____

Signature of Applicant (s):

Signed: _____

Address: _____

Date: _____

Signature of Event Sponsor (s):

Signed: _____

Address: _____

Date: _____

NOTE: If the deed shows a corporation as the owner, a copy of a Resolution from the corporation authorizing this application, shall be submitted.

FOR OFFICIAL USE ONLY

Date Stamp

Receipt Number _____

Application Number _____

Method of Payment, [] Cash [] Check # _____

Amount _____