



CITY of CALABASAS

Community Development Department  
Planning Division  
100 Civic Center Way  
Calabasas, CA 91302  
T: 818.224.1600  
F: 818.225.7329

www.cityofcalabasas.com

# Temporary Use Permit Application

## LOCATION INFORMATION (print or type)

Location of Activity: \_\_\_\_\_

Name of Business or Activity: \_\_\_\_\_

## GENERAL INFORMATION

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell / Other Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Note:** Attach additional lists for multiple property owners. If the property owner or applicant is a trust, partnership, corporation or LLC, on a separate sheet, provide a listing of all persons that make-up the trust, partnership, corporation or LLC

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell / Other Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## ACTIVITY DESCRIPTION

Full description of the proposed activity (*attach additional sheets if necessary*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of anticipated attendees? \_\_\_\_\_ Hours of operation? \_\_\_\_\_

Will there be live entertainment?  No  Yes (if Yes please explain) \_\_\_\_\_

Will you serve alcohol?  No  Yes (if Yes what type) \_\_\_\_\_

Sales Tax Number: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

## TO BE COMPLETED BY PLANNING DIVISION STAFF

Action	Application Processing
Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>	File No(s): _____
By: _____	Date: _____
Date: _____	Staff Initials: _____
Comments / Conditions: _____	Fees: _____
_____	Receipt No: _____
_____	





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## Minimum Application Filing Requirements Checklist

### MINIMUM APPLICATION FILING REQUIREMENTS

#### Temporary Use Permit:

The minimum requirements for filing a Temporary Use Permit application are listed below. An application that does not include the following plans and information will not be accepted for processing:

- Completed *Temporary Use Permit Application* and filing fees.
- Three (3) copies of illustrations, sketches or drawings of sufficient size and clarity to show without further explanation the following: size and location of the property, location of the adjacent street, location and size of all structures on the site, location of structures on adjacent lots, location and number of parking spaces, and location of any temporary fences, signs, or structures to be installed as part of the temporary use;
- Statement of Operations. Letter describing the hours of operation, days that the temporary use will be on the site, number of people staffing the use during operation, anticipated number of people using the facility during commercial operation, and other information about the operation of the use that pertains to the impact of the use on the community or on adjacent uses.
- Letters from Abutting Property Owners. For uses proposed to last more than thirty-five (35) consecutive days per calendar year (where listed as allowable uses in the applicable zoning district by Article II) letters signed by the property owners of each lot abutting the site on which the temporary use is proposed to be located. The letters shall acknowledge the proposed use, and dates and times of operation, and state the abutting property owner's agreement to the operation of the temporary use as described. Applications for which the applicant is unable to obtain these letters may be converted to a standard conditional use permit where the use is allowed with conditional use permit approval by the applicable zoning district.