SUBMITTAL REQUIREMENTS

The following information is required in order to submit a Administrative Permit application. Prior to submitting an application, it is recommended that you speak to a planner about your project. Planners are available Monday through Friday 8:00 a.m. to 4:00 p.m. at the Planning Counter, City Hall 6330 Pine Ave, Bell, CA 90201. Once submitted, a planner will review your application within 30-days of submittal to determine if the application is complete.

- **Eight (8) copies of project plans**, which shall be printed on 11”x17” size paper, folded, and fully dimensioned to Engineer’s or Architect’s scale. Project plans shall include:
  - **Site Plan**, which shall include:
    - The location, size, and use of all existing and proposed or temporary structures, which are dimensioned and labeled.
    - Location of event and equipment related for the event
    - Location of property lines and dimensions
    - Names of adjacent streets
    - North arrow
    - Total number of existing parking spaces
    - Total number of parking spaces that will be obstructed due to the event.
  - **Floor Plan**, which shall include:
    - Interior layout of any proposed structures
  - **Building Elevations** if applicable

- **Temporary Use of Land/Special Event Permit Application Form** - The application must be filled out completely and signed by the applicant and the property owner. Please note, the property owner’s signature shall be notarized.

- **Supplemental Information Form** - The supplemental information form must be filled out completely and signed by the applicant or the property owner.
- **Hold Harmless Certificate**: The hold harmless certificate must be filled out by the project sponsor/applicant
- **Request for Additional Police Assistance**: This must be filled out for any filming occurring in the public right-of-way, or events that need additional security
- **State Fire Marshall’s Retail Fireworks Application**: For fireworks permits only
- **Copy of resident notification letter (English/Spanish)**
Temporary Use of Land/Special Event Permit
City of Bell - Community Development Department - Planning Division

Planning Application Requested:

- Special Event Permit (SEP)
- Temporary Use of Land (TUP)
- Other ________________________________

Project Information:

Property Address

Assessor Identification Number(s)

Request: ______________________________________________________

Applicant Information:

Name

Business Name

Mailing Address

City

State

Zip

Phone

Fax

Email

I declare under the penalty of perjury that to the best of my knowledge that the information provided on this application is true and correct.

Applicant's Signature __________________________ Date ____________

(continued on next page)
## Owner Information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Business Name</th>
<th>Mailing Address</th>
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I declare under the penalty of perjury that to the best of my knowledge that the information provided on this application is true and correct. I further hereby authorize the applicant listed in Section C of this application to submit the application and to be my representative on matters regarding the project described herein.

Date ____________________________

Property Owner Signature (notarization required)

STATE OF CALIFORNIA )
COUNTY OF ____________________ )

On __________________ date before me,

____________________________________________________________

Name and Title of the Officer

personally appeared __________________________________________

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PEJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

____________________________________________________________

Signature of Notary Public

---

**OFFICE USE ONLY**

Date filed: ____________________

Zoning: _______________________

Received by: ___________________

General Plan: __________________ Fee: _______________________

Assigned to: ___________________

CEQA: _______________________
Supplemental Information Form
City of Bell - Community Development Department - Planning Division

General Information
Property Address: ________________________________ Case No: ________________________

Property Size: ___________________ Width: _______________ Length: _______________

Describe property as it currently exists (including any buildings and plants): ______________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Project Information
Building Size: ________________________________ Size of Use: ___________________________

Number of parking spaces on property: _________________________________________________

Number of attendees: ________ Number of anticipated employees: ________

Hours of operation: _______________________________________________________________

Does the use include:
   The sale food of beverages (not including alcohol)? □ Yes □ No
   The sale of alcohol? □ Yes □ No
   Live entertainment? □ Yes □ No
   The purchase or sale of previously owned merchandise? □ Yes □ No
   The sale or repair of motor vehicles? □ Yes □ No
   Storage or display of merchandise outside? □ Yes □ No

(continued next page)
Supplemental Information

Will a tent or other temporary structure be erected on site?: ☐ Yes ☐ No If yes, identify the type, quantity and size of each structure:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Will electricity be needed on site?: ☐ Yes ☐ No If yes, identify the electrical needs for the event or use (temporary lighting, generator, etc.):
__________________________________________________________
__________________________________________________________
__________________________________________________________

Will the use involve the use of equipment that creates noise and/or vibration?: ☐ Yes ☐ No If yes, describe:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Will portable bathrooms be used during the event?: ☐ Yes ☐ No

Will temporary signage be displayed to identify and/or advertise the event?: ☐ Yes ☐ No If yes, identify the type, size, and number of temporary signs, also identify sign locations on the provided site plan:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Provide any other relevant information about the proposed temporary use/special event:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Certification

I hereby certify that the statements furnished on this supplemental information form (including any attached exhibits) present the most current information, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief:

Applicant or property owner signature ___________________________ Date ___________________________
City of Bell

Hold Harmless Certificate

The undersigned shall save, keep, hold, and represent the City of Bell, its officers and agents harmless from all damages, costs or expenses in law, equity, and any liability that may at any time arise or be set up because of damages to property, or of personal injury received by reason of or in the course of performing work which may arise from or be a result of the involvement of the undersigned in the following project:

________________________________________________________________________________________

Address of project: ___________________________________________________________________

________________________________________________________________________________________

Bell, California 90201

Furthermore, the undersigned hereby certifies that he/she will be responsible for all conditions of approval in conjunction with the aforementioned project.

Executed at: ________________________________________________________________, California

Dated: ________________________________________________________________, 20_______

Print Name: ________________________________________________________________

Address: ___________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________, State: _____________________, Zip: ______________________

Signature: __________________________________________________________________________
City of Bell
Request for Additional Police Assistance
Special Event/Temporary Use Permit

Date: ______________________________

Address of event: _____________________________________________________________
Bell, California 90201

Dates and Times: ______________________________________________________________

Coordinator: _________________________________________________________________

Responsible Billing Party:: _____________________________________________________

I/We have submitted an application for a Temporary Use Permit. In conjunction with the Temporary Use Permit application additional Police Department assistance is requested for crowd and traffic control. I/We understand that any required overtime will be billed to the Responsible Billing Party and that future Temporary Use Permits will not be issued until these fees have been paid.

__________________________
Signature of Applicant

Police Department Authorization:

__________________________
Chief of Police (or designee)
Example of Notification Letter

Must be on Company/Applicant’s Letterhead

Date

Resident or Occupant Address City, California Zip Code

Dear Resident or Occupant:

This is to notify you that the __________________________ (Name of Organization)________________________

Is the sponsor of __________________________ (Name type of event)________________________, scheduled for (Date) __________________________. This event will begin at (Starting Time) and is scheduled to end at (Ending Time) and will be held at (Location) _____ Bell, California.

If you have any questions regarding this event, please contact the City of Bell at 6330 Pine Avenue, Bell, California or call (323) 588-6211, extension 204.

By: ________________________________________

(Applicant’s name, phone number, and signature)

Fecha

Estimado Residente o Ocupante:

Esta carta es para notificarte que __________________________ (Nombre de la Organización)________________________

Apadrinaran __________________________ (Nombre del Evento)________________________ fijado el ________ (Fecha del Evento) ___________. Este evento va a comenzar a las ______ (hora de empezar) ______ y está fijado a terminar a las ______ (hora de terminar) ______ en __________________________ (lugar del evento) Bell, California.

Si tiene alguna pregunta referente a este evento, porfabor de llamar a la Ciudad de Bell al (323) 588-6211, extencion 204.

_____________________________________

(Nombre y Firma del Aplicante)
City of Bell
Request for Refund of Deposit
Special Event/Temporary Use Permit

Date: __________________________

Address of event: ____________________________________________________________
Bell, California 90201

Send refund to: ______________________________________________________________

Coordinator: ________________________________________________________________

Receipt No.: ________________________________________________________________

Inspection:

The site and surrounding area of the above referenced Temporary Use Permit were inspected and the condition was found to be:

☐ Poor
☐ Fair
☐ Good

Inspecting Official Date

Refund Authorization:

Refund in the amount of: $ __________________________