



CITY OF ROLLING HILLS ESTATES
 PLANNING DEPARTMENT
 4045 Palos Verdes Drive North
 Rolling Hills Estates, CA 90274
 Telephone-(310) 377-1577
 Fax-(310) 377-4468
 www.RollingHillsEstatesCa.Gov

TEMPORARY USE PERMIT

TUP NO. _____

Note: *This application must be submitted 15 days prior to the start of the event. Applying for a permit does not constitute approval.*

Date: _____

Applicant Name: _____ **Email:** _____

Address: _____

Mailing Address: _____

Phone Number: _____ **Fax Number:** _____

Event Location: _____

Event Date: _____ **Time:** _____

Briefly Describe Event: _____

Checklist of items required for issuance of permit. Prior to the issuance of the permit, the City must receive the items checked below:

- | | |
|--------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Fees Paid |
| <input type="checkbox"/> Certificate of Insurance * | <input type="checkbox"/> TUP filing fee (\$600) |
| <input type="checkbox"/> Fire Department approval | <input type="checkbox"/> Sheriff's Department (varies) |
| <input type="checkbox"/> Sheriff's Department approval | <input type="checkbox"/> Fire Department (varies) |
| <input type="checkbox"/> County Road Permit | <input type="checkbox"/> Business License (varies) |
| <input type="checkbox"/> Defend and Hold Harmless Form | <input type="checkbox"/> Road Permit (varies) |
| <input type="checkbox"/> Filming Request | |
| <input type="checkbox"/> Other _____ | |

* Must name City as additional insured

FOR OFFICE USE ONLY

Action (check one): _____ Approved **OR** _____ Denied

Staff Person: _____ Date: _____

Conditions of Approval/Reason for Denial: _____