



#DOWNTOWNAZUSA



#AZUSAEATS

Participation in the Temporary Shared Space Dining Program is open to dine-in restaurants in the City who have been impacted by Coronavirus (COVID-19). The Program strives to assist restaurants in recovering from the shutdown and position them to thrive. It provides restaurants without patios or with limited seating the ability to facilitate outdoor dining which is in greater demand as a result of COVID-19. An approved Temporary Use Permit application allows dine-in restaurants to increase their seating capacity by allowing the temporary usage of adjacent private outdoor areas such as walkways, sidewalks or parking stalls to serve food and drinks to customers.

TEMPORARY SHARED SPACE DINING PROGRAM GUIDELINES

The shared space dining program would allow for the temporary usage of adjacent outdoor areas such as walkways, sidewalks or parking stalls to serve food and drinks to customers.

- Approved Temporary Use Permit Application
- Applicant is responsible for coordinating approval for Landlord
- Applicant is responsible for providing tables and chairs.
- Applicant is responsible for the maintenance and removal of tables and chairs at the close of each working day/night.
- Any trash or debris left behind shall be cleaned on a daily basis.

CONDITIONS OF APPROVAL

Conditions of approval shall include but not limited to:

- Social distancing and infection control protocols must be adhered to.
- The applicant must comply with the American Disabilities Act, Title 24 of the California Code of Regulations and other applicable state and federal laws.
- Any trash or debris left behind shall be cleaned on a daily basis. The encroachment area must be swept at the end of the business day.
- On-site sale of alcoholic beverages is subject to requirements of the California Department of Alcoholic Beverage Control and/or Los Angeles County of Public Health.
- This permit is provisional.
- Approved applications will expire within (6) six months or can be extended or cancelled at the discretion of the City of Azusa in writing.
- After the permit has expired, the space must revert back to its original condition.



OPERATIONAL STATEMENT & SITE PLAN

CONTACT INFORMATION

Business Name: _____

Business License #: _____

Business Address: _____

Applicant Name: _____

Phone Number: _____

E-Mail Address: _____

SITE PLAN

Provide a site plan that identifies the following:

- a. Your business
- b. The size, number and location of tables and chairs and height and width of umbrellas if any.
- c. Electrical equipment, if any
- d. Proposed pedestrian walkway
- e. Vehicle barriers (dimensions)

What are your hours of operation?

How many tables will you place and where?

How will you store your equipment?



What barriers will you use?

Will you use any electrical equipment? If so, what equipment and how will it be powered?

Will alcohol be sold during the permitted activity? Yes* No

*On-site sale of alcoholic beverages is subject to requirements of the California Department of Alcoholic Beverage Control and/or Los Angeles County of Public Health. Please contact the California Department of Alcoholic Beverage Control for further information. Please provide a copy of the approved permit from the California Department of Alcoholic Beverage Control.

By signing below, I acknowledge the guidelines and conditions of approval.

Signature of Applicant

Date

Submit completed application and site plan to Carina Campos, Economic Development Specialist at ccampos@azusaca.gov. For questions please call (626) 812-5102.

City Use Only

Site Plan Submitted

Operational Statement



PLANNING APPLICATION

CITY OF AZUSA
ECONOMIC AND COMMUNITY DEVELOPMENT DEPARTMENT
213 E. Foothill Boulevard, Azusa, California 91702
www.ci.azusa.ca.us
PHONE 626-812-5289 FAX 626-334-5464

GENERAL PROJECT INFORMATION

Project Address:

Assessor's Parcel Number(s):

Parcel Size:

Legal Description:

Project Description:

Project Type (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Design Review | <input type="checkbox"/> Minor Use Permit* | <input type="checkbox"/> Minor Variance* |
| <input type="checkbox"/> Use Permit* | <input type="checkbox"/> Variance* | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Specific Plan | <input type="checkbox"/> Development Agreement |
| <input type="checkbox"/> Code Amendment | <input type="checkbox"/> Massage Parlor Permit* | <input type="checkbox"/> RIMP |
| <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Temporary Use Permit* | <input type="checkbox"/> Accessory Dwelling Unit |
| <input type="checkbox"/> Preliminary Plan Review | <input type="checkbox"/> Special Event Permit | <input type="checkbox"/> Master Sign Program |
| <input type="checkbox"/> Tentative Parcel Map | <input type="checkbox"/> Tentative Tract Map | <input type="checkbox"/> Building Address |
| <input type="checkbox"/> Other _____ | | |

* Supplemental Application is required.

APPLICANT INFORMATION

Name:

Company:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-Mail:

OWNER INFORMATION

Name:

Company:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-Mail:

APPLICANTS SIGNATURE

I CERTIFY that the foregoing statements and information are true and correct and that any submitted material, statements or plan designs are correct to the best of my knowledge.

Applicant's signature: _____ Date: _____

OWNERS AFFIDAVIT

I, _____, being duly sworn, depose and say that I am the owner of the property involved in this application and that the foregoing statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief.

Signature of Property Owner(s) – (Not Owner in Escrow or Lessee) _____

Print Name _____

Mailing Address _____

Telephone _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of the document.

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

On _____ (Date) before me, _____ (Name & Title of Officer) personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person whose name I subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

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

WITNESS my hand and official seal

Signature

Signature of Notary Public



OFFICE USE ONLY	
General Plan Designation	
Zoning Designation	
Date Submitted	
Case Number(s)	
Accepted By	
Assigned Planner	



**SUPPLEMENTAL PLANNING APPLICATION
 TEMPORARY USE PERMITS
 CITY OF AZUSA
 ECONOMIC AND COMMUNITY DEVELOPMENT DEPARTMENT
 213 E. Foothill Boulevard, Azusa, California 91702
 Call 626-812-5299 for appointments or information**

To file a complete Temporary Use Permit application, complete and attach this supplemental application to the Planning Application and submit both to the Economic and Community Development Department. An application for a Temporary Use Permit must be submitted, a minimum of **30 days** before the establishment or operation of the proposed use. Incomplete applications will not be accepted.

Location of Temporary Use (Address): _____

Applicant's Name: _____ Applicant's Signature _____ Date: _____

Requested Temporary Use:

- | | |
|---|---|
| <input type="checkbox"/> Construction office | <input type="checkbox"/> Model Homes |
| <input type="checkbox"/> Construction Yards – Off-site | <input type="checkbox"/> Seasonal sales lots |
| <input type="checkbox"/> Mobile home as temporary dwelling | <input type="checkbox"/> Temporary Outdoor displays/sales |
| <input type="checkbox"/> Temporary real estate offices | <input checked="" type="checkbox"/> Other similar temporary use |
| <input type="checkbox"/> Downtown sidewalk/parking lot sales and exhibits (DBA only). | |

Description of the event:

Date(s) of the event: _____
 Operating hours of the event: _____

Answer the following question: (attach additional sheets if needed)

1. What measures are proposed to ensure that the establishment, maintenance or operation of the use will not, under the circumstances of the particular case, be detrimental to the health, safety, or general welfare of persons residing or working in the neighborhood of the proposed use?

2. What measures are proposed to ensure that the proposed temporary use will not be detrimental or injurious to property and improvements in the neighborhood or to the general welfare of the City?

3. What measures are proposed for the removal of the use and site restoration to ensure that no changes to the site would limit the range of possible future land uses otherwise allowed by this Development Code?

The aforementioned event is hereby approved subject to the following conditions: (attach additional sheets if needed)

Police Department:

Approved by: _____ Date: _____

Fire Department:

Approved by: _____ Date: _____

Planning Division:

Approved by: _____ Date: _____