

SITE PLAN REVIEW AGENDA

Wednesday, March 23, 2022

1:30 PM

City of Tulare

ITEM No. 1 Special Event

Site Plan No SP 22-23
Project Title San Joaquin Ave Street Closure
Description Street closure at 906 E. San Joaquin Ave for a birthday party

Applicant Leticia Ceja
Property Owner Leticia Ceja
APN 170-154-022
Location 906 E San Joaquin Avenue

ITEM No. 2 Preliminary Site Plan Review

Site Plan No SP 22-24
Project Title Fulton Estates TPM
Description create 4 parcels and a remainder from 1 existing parcel
TPM for phasing for ownership purposes for the Fulton Estates
Subdivision.

Applicant Susan Johnson
Property Owner Susan Johnson
APN 172-030-010
Location Southwest corner of Oakmore Street and Tulare Avenue

ITEM No. 3 Preliminary Site Plan Review

Site Plan No SP 22-25
Project Title North 'E' Street TPM
Description Create 4 parcels of record from one existing parcel

Applicant Jesus and Alicia Lopez
Property Owner Jesus and Alicia Lopez
APN 169-040-020
Location 979 North 'E' Street

ITEM No. 4 Special Event

Site Plan No SP 22-26
Project Title 559 Small Business Pop-up
Description Small business flea market

Applicant Aaron Ruiz
Property Owner Olga Jordan
APN 176-051-003
Location 225 South 'K' Street (courtyard)

Community & Economic Development Department Fee: \$0.00
411 East Kern Avenue
Tulare, CA 93274
(559) 684.4217 Fax (559) 685.2339

Special Event Application No. _____



— THIS AREA FOR CITY STAFF USE ONLY —

Date Received: _____

SPR Agenda: _____ Item No. _____

Zoning: _____ GP Designation: _____

CITY OF TULARE SPECIAL EVENT APPLICATION

Please return this completed application to the Community & Economic Development Department a minimum of thirty (30) days prior to the date of the event. All Applications submitted on Thursday before 3:00pm, will be considered the following Wednesday at 1:30pm.

SPECIAL EVENT MEETINGS ARE HELD ON WEDNESDAYS AT 1:30 PM AT TULARE CITY HALL-COMMUNITY ROOM - 411 E KERN AVE - APPLICANT OR REPRESENTATIVE MUST BE PRESENT

GENERAL PROJECT INFORMATION

Event Name: _____

Date(s) of Event: April 16th, 2022

Start Time(s): 1:00pm End Time(s): 8:00pm

Location of Event: 906 E. San San Joaquin Ave.

Property Address/Location: Same ↑

Brief Description of Event:
1st Birthday Party Celebration - Circus theme

APPLICANT/SPONSORING ORGANIZATION

Applicant/ 1st Contact Person: Leticia Ceja Cell Phone: (559) 786-8259

Address: 906 E. San Joaquin Ave. E-Mail Address: leticia.ceja.perez@gmail.com

Applicant/ 2nd Contact Person: Gabriella Ceja Cell Phone: (559) 909-6622

Address: Same as above. E-Mail Address: _____

Are Street Closures Requested? Yes () No () Number & Type of Vendors: _____

Will Alcohol be Served? Yes () No ()

Will there be amplified music? Yes () No ()

CITY OF TULARE SITE PLAN REVIEW APPLICATION - SPECIAL EVENT

Site Map Check List

One of the MOST important parts of the application is the Site Map. Please include a detailed **reproducible** map of the event including, but not limited to, the following:

- An outline of the entire event location, including the names of all streets or areas that are part of the venue and surrounding area; attendee parking layout; and tent/canopy locations (indicating size of each). If the event involves a moving route of any kind (parade, walk, march, etc.) indicate the direction of travel, all street or lane closures and locations where event volunteers will be posted.
- The location of barriers, fences and/or barricades. Indicate removable fencing/barriers for emergency vehicle access.
- The location of first aid facilities and ambulance parking areas, if applicable.
- A detailed or close up view of food booths and cooking area configuration, including identification of all vendors cooking with flammable gasses or barbeque grills.
- Generator locations and/or sources of electricity.
- Location of event related vehicles and/or trailers.
- Exit locations for outdoor events that will be fenced.
- Other relevant event components.
- The map should be drawn to scale and should include a "North" arrow.

Applicant Information (Decision) will be mailed to the name and address provided below).

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Signature of Owner or Authorized Agent*

Owner

Date

Authorized Agent*

Date

-THIS AREA FOR CITY STAFF USE ONLY-

APPLICATION DEEMED COMPLETE

By: _____

Date: _____

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

INDEMNIFICATION AGREEMENT

Host Organization and/or Event Organizer agree, in consideration of the granting of this Application and Special Event Permit for:

_____ to be held on _____ by _____
(Event Name) (Event Date(s)) (Event Organizer/Primary Applicant)

Of _____
(Host Organization)

Host Organization and/or Event Organizer(s) agree to defend, indemnify and hold harmless the City of Tulare, and the City of Tulare's employees, officers, managers, agents, council members, and volunteers harmless from any and all losses, damages, claims for damage, liability, lawsuits, judgment expense and cost(s) arising from any injury or death to any person or damage to any property including all reasonable costs for investigation and defense thereof (including, but not limited to, attorney fees, costs and expert fees) arising out of or attributed to the issuance of Applicant's Special Event Permit regardless of where the injury, death or damage may occur, unless such injury, death or damage is caused by the sole negligence or willful misconduct of the City.

Host Organization and/or Event Organizer agree to provide satisfactory evidence of, and shall maintain during the specified special event, such insurance policies and coverages in the types, limits, forms and ratings required by the City's Risk Manager or City Attorney or their designee.

Host Organization and/or Event Organizer hereby requests waiver of insurance under the prohibitive cost exemption. Note: This waiver is offered only to Block Party/Neighborhood Event Applicants.

Print Name

Title

Signature

Date



CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION 1 – CONTACT INFORMATION

HOST ORGANIZATION*

Host Organization is the organization accepting all financial responsibility for the event and provides the required insurance.

Organization Name: _____

Type of Organization: Corporation LLC Non-Profit

Mailing Address: _____ Physical Address (if different): _____

Primary Phone Number: () _____ E-mail Address: _____

Website Address: _____

EVENT ORGANIZER*

Event Organizer is the applicant give authorization by the host organization to apply for the Special Event Permit.

Name & Title: _____

Mailing Address: _____ Physical Address (if different): _____

Primary Phone Number: () _____ E-mail Address: _____

Website Address: _____

SECONDARY ORGANIZER*

It is recommended that the Event Organizer provide contact information for a Secondary Organizer

Name & Title: _____

Mailing Address: _____ Physical Address (if different): _____

Primary Phone Number: () _____ E-mail Address: _____

Website Address: _____

ON-SITE CONTACT*

Contact Information for the person who will be on-site and will be the primary contact on the day of the event.

Name & Title: _____

Mailing Address: _____ Physical Address (if different): _____

Primary Phone Number: () _____ E-mail Address: _____

Website Address: _____

ONLY THOSE AUTHORIZED AS EVENT ORGANIZER AND SECONDARY ORGANIZER WILL BE ABLE TO MAKE CHANGES TO THIS APPLICATION.

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION II – EVENT INFORMATION

EVENT DETAILS

Event Name: _____

- Type of Event:
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> 5K or 10k Run | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Ceremony | <input type="checkbox"/> Block Party |
| <input type="checkbox"/> Farmers Market | <input type="checkbox"/> Street Fair |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Parade |
| <input type="checkbox"/> Concert | <input type="checkbox"/> Celebration |
| <input type="checkbox"/> Car Show | <input type="checkbox"/> Other _____ |

Event Description: (50 word minimum) _____

EVENT DURATION

- Is this an annual event: Yes No
Is this a multi-day event: Yes No If so, how many days? _____
Is there an admission fee: Yes No If yes, please include admission fee \$ _____

Anticipated Attendance: _____ (overall/per day)
Previous year's attendance (if applicable): _____ (overall/per day)

EVENT SET-UP & TEAR DOWN

If you will be utilizing street closures please refer to the next section to provide all street closure information

How many days will your organization require to: Set up: _____ Tear Down: _____
Event Set-up Date: _____ Event Set-Up Time: _____
Event Start Date: _____ Event Start Time: _____ AM/PM
Event End Date: _____ Event End Time: _____ AM/PM
Event Tear-Down Date: _____

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION III– STREET CLOSURE(S)

The City of Tulare requires signatures from all affected residents/businesses both on and/or adjacent to a proposed street closure. Signatures and addresses will be cross-checked, with the completed map, by the Community & Economic Development Department staff prior to final approval. If any affected resident/businesses have not signed this petition, indicate the address and reason(s) below (i.e. resident on vacation, unable to connect with resident, business disapproves of street closure, etc.)

STREET CLOSURE(S)

Closure Start Date: _____

Closure Start Time: _____ AM/PM

Closure End Date: _____

Closure End Time: _____ AM/PM

If your street closure involves the closure of a State Highway, the City must receive proof of Caltrans approval prior to the approval of this application.

BARRICADE EQUIPMENT

Will the Host Organization supply its own street barricades? Yes No

If not, the Host Organization agrees to pick up barricades from the City of Tulare Public Works Department 24 hours prior to the date of the event start date. Host Organization will be required to provide a required fee for the use of City-owned barricades. A cost will be associated with any lost, damaged or barricades not returned. Note: The City will not supply supplemental traffic control signs required by the approved traffic control plan.

If barricades and supplemental traffic control will be supplied by a private company, please provide the following information.

Company Name: _____

Contact Name: _____

Mailing Address: _____

Physical Address (if different): _____

Primary Contact Number: () _____

TRAFFIC CONTROL PLAN

Host Organization and/or Event Organizer must provide a traffic control plan prepared by a registered engineer or traffic control company possessing a California C-31 class contractor's license.

Please list the streets from intersection to intersection, which will be closed for your event. Your Traffic Control Plan must show all streets, street closures, traffic control devices in compliance with the provisions of the California Manual of Uniform Traffic Control Devices (CA-MUTCD), and must include a designated 12-foot wide emergency lane.

1) Street Name: _____ From (cross street): _____

2) Street Name: _____ From (cross street): _____

3) Street Name: _____ From (cross street): _____

4) Street Name: _____ From (cross street): _____

5) Street Name: _____ From (cross street): _____

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION IV – CATERING & FOOD VENDORS

CATERING/FOOD VENDOR DETAILS

Event Organizer must obtain health permits from all food handlers. If alcoholic beverages will be sold at the event, an ABC Permit is required. An ABC Permit application MUST be submitted to the City for approval a minimum of 30 days prior to the event. Police services may be required.

Event will include the following (please mark all that apply):

- Alcoholic Beverage items Non-profit Food Vendors Pre-Packaged Food/Beverage
- Professional Catering Retail Food Vendors

Name of Entity named on ABC Permit & Serving Alcohol at Event:

Name of Entity: _____ Entity Address: _____

Entity Phone Number: () _____

Alcohol shall be served in an area no larger than an enclosed 300 sf area with a maximum posted capacity of 60 people. The alcohol service area must have two separate exits and it must be constructed of a solid type fencing to prohibit alcohol from being removed from the area, or passed to minors.

Security Guards shall be posted at each entrance and exit of the designated area. Security guards shall also be posted at the point of sale. *(Additional security may be required by Tulare Fire Marshal and Tulare PD)*

VENDOR INFORMATION REQUIREMENT

If the event will include food vendors, a complete list of all food vendors must be provided a minimum of 5 working days prior to the event. A site map detailing the location of each food vendor and concessionaire must be submitted for review and approval. All participating food vendors must have a valid Permit from the Department of Environmental Health County of Tulare, Business Tax Certificate, and Liability Insurance.

Number of Food Vendors: _____

Number of Non-Food Vendors: _____

NOTE: Non-food vendors must also be included on the list and must provide a Business Tax Certificate and Liability Insurance.

CITY OF TULARE SITE PLAN REVIEW APPLICATION - SPECIAL EVENT

SECTION V - VENUE & STAGING

PARKS, RECREATION & COMMUNITY SERVICES EVENTS

If you plan to hold your event at a City park, it is your responsibility to contact the appropriate division or facility manager with the Community Services Department to coordinate the schedule of your event. Rules, regulations and restrictions unique to each site/facility may apply. For more information, please call the Community Services Department at (559) 684 - 4310.

Facility Use Permit: Will this event take place at a City park? Yes No

VENUE DETAILS

Venue Name: _____

Venue Address: _____

Venue Description (You must attach your Site Plan/Map to your Application Packet):

STAGING DETAILS

The following items will be used at the event (Please mark all that apply):

Amplified Music Bleachers Dance Floors Live Entertainment

Loud Speaker(s) Microphones

Stage(s) Number & Size: _____ (Please indicate location and size on Site Plan/Map)

EZ Up Number & Size: _____ (Please indicate location and size on Site Plan/Map)

Canopy Number & Size: _____ (Please indicate location and size on Site Plan/Map)

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION VI – SANITATION & WASTE REMOVAL

RESTROOM FACILITY DETAILS

Some events will require the presence of portable restrooms and/or hand-washing stations. Use of these items will require the Event Organizer to meet ADA regulations. Please contact your rental company for attendance to restroom ratios. A copy of the rental company's Business Tax Certificate and Liability Insurance must be attached to the Permit Application. Please indicate the location(s) of the facilities on your Site Plan/Map.

Will Event Organizer provide portable restroom facilities? Yes No

If so, please provide the following information:

Company Name: _____

Contact Name: _____

Mailing Address: _____

Physical Address (if different): _____

Primary Phone Number: () _____ Cell Phone Number: () _____

WASTE REMOVAL DETAILS – SOLID WASTE DIVISION - (559) 684-4325

Host Organizer shall complete the City of Tulare Special Event Rental Agreement for the advance use of Solid Waste services for the Event and pay in full fees for special trash event containers at the Finance Department at 411 E. Kern Avenue before delivery can be made.

The Solid Waste Department will deliver the containers on the last business day before the event and remove the containers on the first business day after the event. Weekend deliveries and removals are not available.

Solid Waste Rates (as of 7/1/2019)

- 1-6 Trash Special Event Containers: \$58.91
- Payment includes delivery and removal of event containers.

Any additional trash event containers: \$8.00 per container

SPECIAL NOTE: There will be an additional \$10.00 service fee for each Blue Recycle container that is contaminated with trash when picked up from the event location.

All cans will be dropped off at one location and all cans will need to be placed at the same location for removal.

SECTION VII – SECURITY, POLICE & FIRE

SECURITY AND/OR POLICE

Please note that all events exceeding _____ persons will require that law enforcement be hired for the event.

- If necessary, in case of emergency, the On-Site Contact will call 9-1-1.
- Event Organizer is requesting assistance from the Tulare Police Department. The Tulare Police Department will require a signed contract for services provided.
- Event Organizer will provide a private security company.

If providing a private security company, please provide the following information and attach copies of the company's Business Tax Certificate, Liability Insurance and California State License.

Company Name: _____

Contact Name: _____

Physical Address (if different): _____

Primary Phone Number: () _____ Cell Phone Number: () _____

E-Mail Address: _____

FIRE

Please note that all events exceeding _____ persons will require Fire Department standby and/or emergency medical services be hired for the event.

- Event will require the use of temporary power or generators. How many: _____ Capacity: _____
- Event will include canopies over 700 square feet or tents over 400 square feet.
- Event will include a stage.
- Event will include folding chairs, or similar loose seating for more than 200 people.

Additional Fire Comments:

SECTION VIII - APPLICANT AGREEMENT

_____ Host Organization and/or Event Organizer agrees, upon request, to provide a General Liability Insurance Certificate providing evidence of general liability insurance coverage in the minimum amount of \$1,000,000 naming the City of Tulare, its officers, employees and agents' as additional insured. This document must be submitted no later than ten (10) days prior to the events start date.

_____ Host Organization and/or Event Organizer agrees, upon request, to submit a Security Plan setting forth the proposed security measures to be taken to protect the health, safety and welfare of the participants, spectators, bystanders and passersby. This plan may be reviewed by the Tulare Police Department who may require alterations to the plan. Security measures may include by are not limited to the hiring of a private security or Tulare Police Officers at the expense of the Event Organizer.

_____ Host Organization and/or Event Organizer agrees, upon request, to provide a copy of their Determination Letter, as issued by the Internal Revenue Service of the United States or State of California, if the application is made on behalf of any organization representing itself as a tax-exempt, non-profit and/or charitable organization.

_____ Host Organization and/or Event Organizer agrees, to notify all residents and businesses that will be affect by street/sidewalk closures and/or amplified sound.

_____ Host Organization and/or Event Organizer agrees, to supply warning signs and/or barricades and to situate them in such a position that the road closure(s) may be maintained in a safe and orderly manner. Barricades must be manned at all times during the street closures.

_____ Host Organization and/or Event Organizer agree, that any false statement or material misrepresentation made in support of this application and permit is cause for denial of issuance of a Special Event Permit. Applicant also agrees that failure to adhere to the policies and procedures established by the City of Tulare. upon request, to provide a General Liability Insurance Certificate providing evidence of general liability insurance coverage in the minimum amount of \$1,000,000 naming the City of Tulare, its officers, employees and agents' as additional insured. This document must be submitted no later than ten (10) days prior to the events start date.

By signing below, Host Organization and/or Event Organizer indicate understanding and agreement to the above statements.

 Print Name

 Title

 Signature

 Date

NOTICE OF TEMPORARY STREET CLOSURE

The City of Tulare requires that all affected residents/businesses both on and adjacent to the proposed street closure be notified of such a street closure. Therefore, this document serves as proof of notice of the proposed street closure listed.

A temporary street closure has been requested for the following date(s)/time(s) for the streets listed.

Closure Start Date: _____ Closure Start Time: _____ AM/PM

Closure End Date: _____ Closure End Time: _____ AM/PM

Street Name(s):

The purpose of the proposed street closure is (Event Description):

Host Organization Name: _____

Contact Name: _____ Contact Phone Number: () _____

ACKNOWLEDGEMENT

By signing below, the undersigned acknowledges receipt of the above "Notice of Temporary Street Closure."

Print Name

Title

Business Name

Address

Signature

() _____
Phone Number

Use individual forms for each business/resident contacted. Executed forms must be returned to the City of Tulare – Planning Department 2 business days prior to the event start date.

E Apricot Ave

E Apricot Ave

E Apricot Ave



906 E San Joaquin Ave, Tulare, CA 93274



E San Joaquin Ave



Your Entertainment

N Delwood St

E Sycamore Ave

E Sycamore Ave

E Sycamore Ave

Travel Ideas Unlimited



N Highland St

E Tulare Ave

N Che



-- THIS AREA FOR CITY STAFF USE ONLY --

Date Received: _____

SPR Agenda: _____ Item No. _____

Zoning: _____ GP Designation: _____

CITY OF TULARE SITE PLAN REVIEW APPLICATION

*This application MUST be filled out in its entirety and submitted with **ten (10) copies** of an acceptable site plan (see details below). Failure to provide all requested information may result in your application being rejected for additional information and excluded from the Site Plan Review agenda.*

All plans to be considered on the next available agenda must be submitted by 3:00pm on the Thursday prior to the meeting.

SITE PLAN MEETINGS ARE HELD ON WEDNESDAYS AT 1:30 PM AT TULARE CITY HALL-COMMUNITY ROOM – 411 E KERN AVE – APPLICANT OR REPRESENTATIVE MUST BE PRESENT

GENERAL PROJECT INFORMATION

Project/Business Name: Fulton Estates Date: 3/10/2022

Project Description: Create 4 parcels and a remainder. Parcel 1 - 7.14 ac, Parcel 2 - 0.56 ac, Parcel 3 - 1.43 ac, Parcel 4 - 10.48 ac, and the remainder - 18.20 ac.

Site Plan Review Submittal: Yes No If Resubmittal, Previous Site Plan Review No: _____

Property Owner: Mervin E. Fulton & Susan D. Johnson, Applicant(s) Name: Susan D. Johnson
Trustees or His successors in trust under the Fulton Living Trust

Property Address/Location: Southwest Corner Rd 124 and HWY 137 Assessor Parcel No. (APN): 172-030-010

Parcel Size (Acreage or Sq Ft.): 37.80 ac Building Square Footage: _____

Describe All Proposed Building Modifications: N/A

A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

Industrial & Commercial

Existing/Prior Land or Building Use: Agriculture

Proposed Building or Land Use: Residential

Proposed Hours of Operation: N/A Days of Week in Operation (Circle): Su M T W Th F Sa

Number of Existing Parking Stalls: N/A Number of Proposed New Parking Stalls: N/A

Number of Existing or Anticipated New Employees: N/A Anticipated No. of Trucks/day: N/A

Brief Operational Statement: _____

Page 1 of 2 – Application continues on the back of this page

A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

Residential

Is the project: New construction Remodel

Single-Family Residential Multi-Family Residential

Number of dwelling units: _____ Total of area (in square feet): _____

Total lot coverage of buildings or structures (in square feet): _____ Percentage of lot coverage _____%

Proposed project phasing: Yes No If yes, proposed number of phases: _____

SITE PLAN MINIMUM REQUIREMENTS

The Applicant shall submit **ten (10) copies** of the proposed site plan along with this completed Application to the Office of Community & Economic Development. Suggested minimum sheet size for site plans is 11"x17" folded to a legal size of 9'x12" with the print on the outside. No rolled plans accepted. (Excludes tentative and parcel maps)

The Site Plan shall be drawn to scale and indicate clearly and with full dimensions the following information: (*Municipal Code Section 10.120.040*)

- | | |
|--|--|
| <ul style="list-style-type: none"> ✓ Address ✓ Assessor's parcel number ✓ Vicinity map on cover sheet ✓ Scale and north arrow ✓ Dimensions of property ✓ Existing and proposed structures showing distances from Property lines ✓ Location and height of proposed fences, walls ✓ Existing and proposed parking stalls (include ADA) | <ul style="list-style-type: none"> ✓ Location and width of drive approaches ✓ Method of on-site drainage ✓ Location of existing and/or proposed public improvements ✓ Method of sanitary disposal ✓ Location and wide of drive approaches to site ✓ Adjacent street names ✓ Existing and proposed landscaping ✓ Location of signs and size ✓ Elevations if required by City Planner |
|--|--|

Failure to provide all requested information my result in your application being rejected and excluded from the Site Plan Review agenda

Applicant Information (Final Comments will be mailed to the name and address provided below.)

***If signed by an authorized agent, an "Agency Authorization" must be completed for this application to be considered complete.**

Name: Susan Johnson

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

| | |
|---|-------|
| Signature of Owner or Authorized Agent* | |
| _____ | _____ |
| Owner | Date |
| | |
| _____ | _____ |
| Authorized Agent* | Date |

-THIS AREA FOR CITY STAFF USE ONLY-

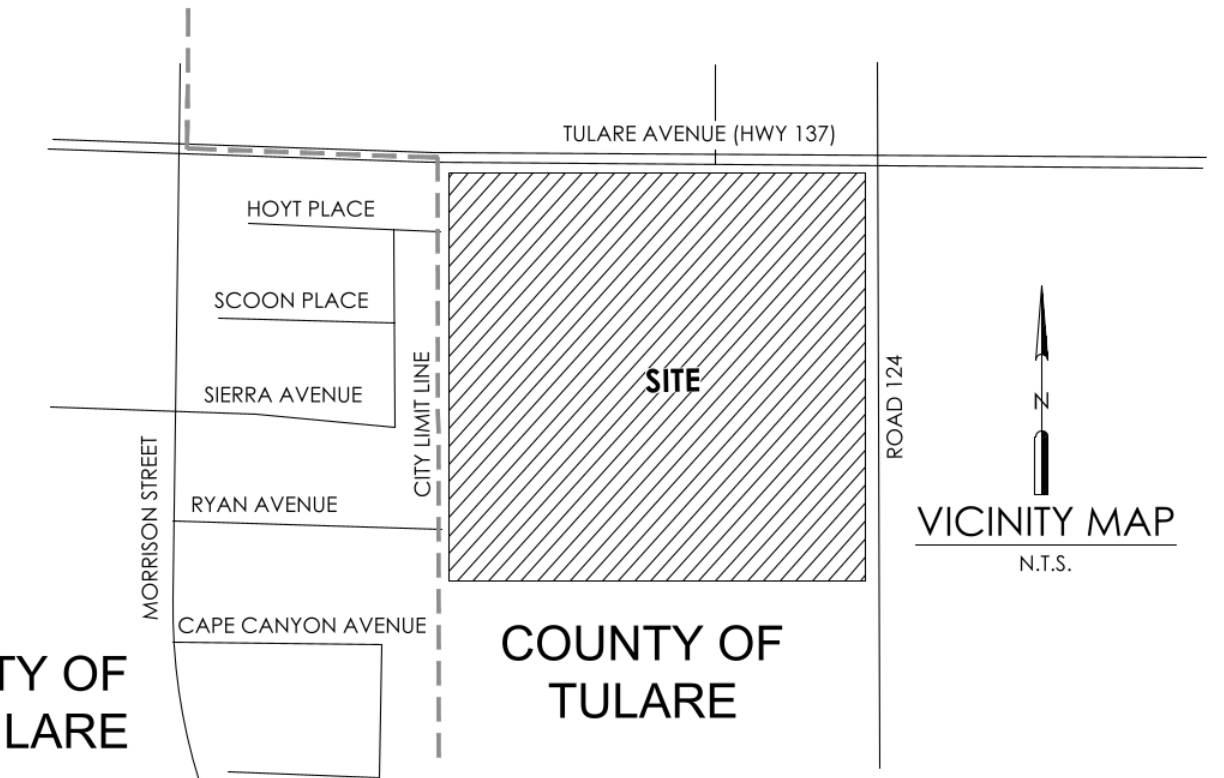
APPLICATION DEEMED COMPLETE

By: _____

Date: _____

TENTATIVE PARCEL MAP

BEING A DIVISION OF THE THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 7, TOWNSHIP 20 SOUTH, RANGE 25 EAST, MOUNT DIABLO MERIDIAN IN THE CITY OF TULARE, COUNTY OF TULARE, STATE OF CALIFORNIA.



CITY OF TULARE

COUNTY OF TULARE

OWNER:

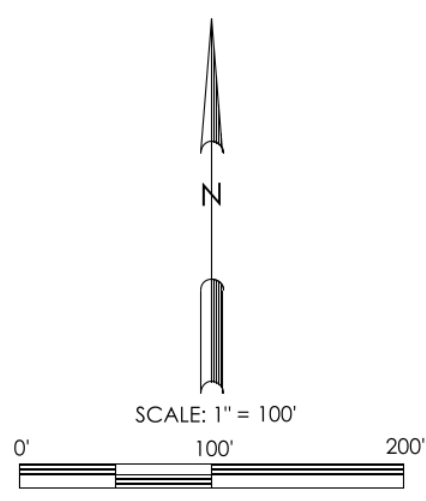
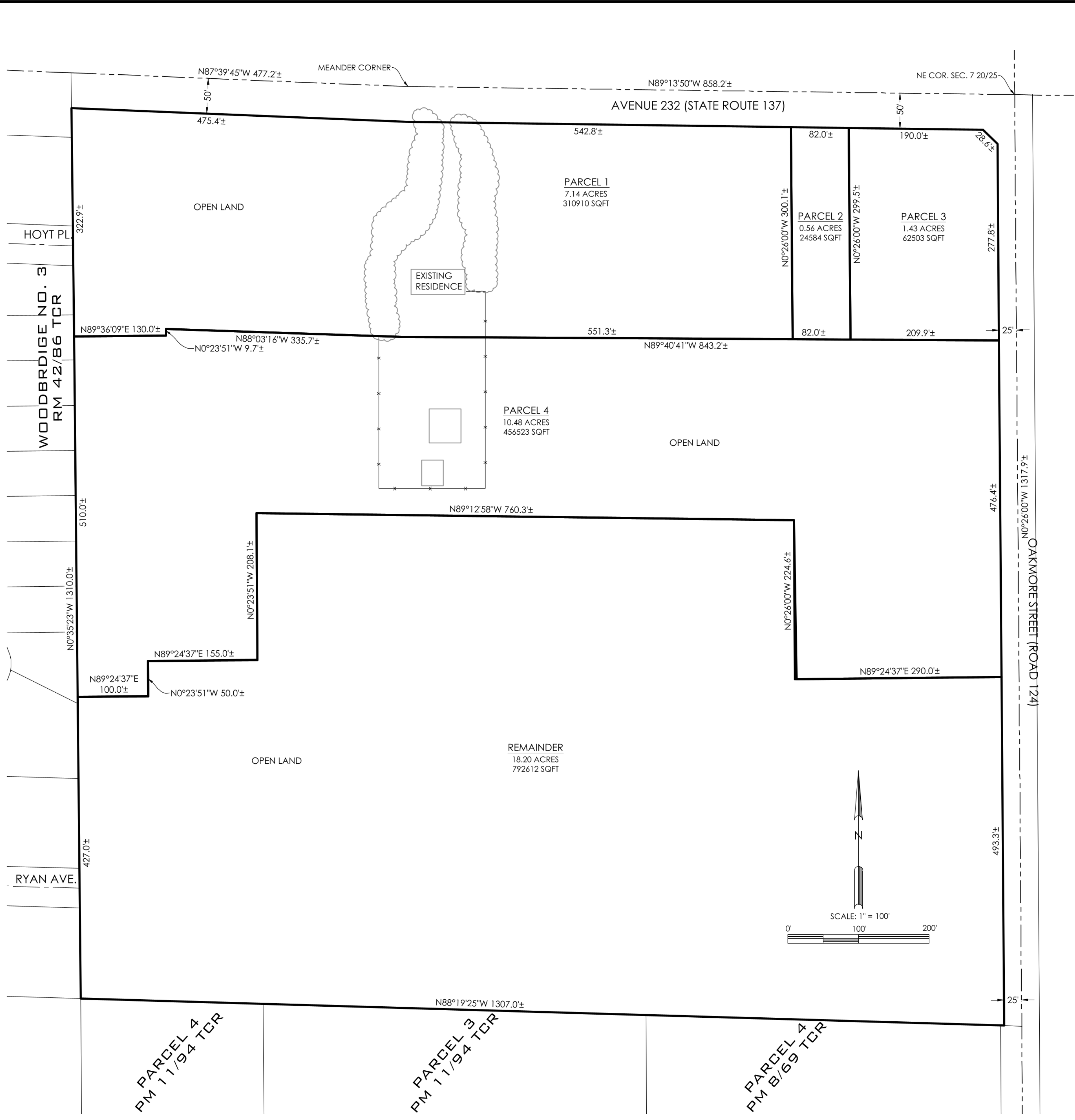
MERVIN E. FULTON AND SUSAN D. JOHNSON, TRUSTEES OR HIS SUCCESSORS IN TRUST UNDER THE FULTON LIVING TRUST

AGENT:

AW ENGINEERING
ALLEN WILLIAMS PE
724 NORTH BEN MADDOX WAY
VISALIA CA. 93292
EMAIL: AWILLIAMS@AWE-INC.COM
PHONE: 559-967-8089

SITE INFORMATION:

EXISTING USE: AGRICULTURE
PROPOSED USE: RESIDENTIAL
EXISTING ZONING: AE-20
PROPOSED ZONING: R-1
TOTAL AREA: 37.80 ACRES
TOTAL PARCELS: 4
SEWAGE DISPOSAL: CITY OF TULARE
WATER SUPPLY: CITY OF TULARE
ELECTRICITY: SOUTHERN CALIFORNIA EDISON
FLOOD ZONE: ZONE X
APN: 172-030-010



PARCEL 4
PM 11/94 TCR

PARCEL 3
PM 11/94 TCR

PARCEL 4
PM 8/69 TCR



Community & Economic Development Department

Fee: \$0.00

Site Plan Review Application No. _____

411 East Kern Avenue

Tulare, CA 93274

(559) 684.4217 Fax (559) 685.2339



— THIS AREA FOR CITY STAFF USE ONLY —

Date Received: _____

SPR Agenda: _____ Item No. _____

Zoning: _____ GP Designation: _____

CITY OF TULARE SITE PLAN REVIEW APPLICATION

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GENERAL PROJECT INFORMATION

Project/Business Name: Parcel Map Date: 3/11/2022

Project Description: Parcel map to create four new parcels.

Site Plan Review Submittal: Yes No If Resubmittal, Previous Site Plan Review No: Ref. SPR 21-74

Property Owner: Jesus and Alicia Lopez Applicant(s) Name: Same

Property Address/Location: 979 N. E St. Assessor Parcel No. (APN): 169-040-020

Parcel Size (Acreage or Sq Ft.): 4.79 Ac. Building Square Footage: 2500 Sq. Ft.

Describe All Proposed Building Modifications: N/A

A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS

Industrial & Commercial

Existing/Prior Land or Building Use: N/A

Proposed Building or Land Use: N/A

Proposed Hours of Operation: N/A Days of Week in Operation (Circle): Su M T W Th F Sa

Number of Existing Parking Stalls: N/A Number of Proposed New Parking Stalls: N/A

Number of Existing or Anticipated New Employees: N/A Anticipated No. of Trucks/day: N/A

Brief Operational Statement: N/A

Page 1 of 2 – Application continues on the back of this page

CITY OF TULARE SITE PLAN REVIEW APPLICATION

Page 2

A SEPARATE DETAILED OPERATIONAL STATEMENT IS HIGHLY RECOMMENDED FOR ALL SUBMITTALS**Residential**Is the project: New construction Remodel Single-Family Residential Multi-Family ResidentialNumber of dwelling units: 1 existing 3 future Total of area (in square feet): Unknown at this timeTotal lot coverage of buildings or structures (in square feet): Unknown at this time Percentage of lot coverage %Proposed project phasing: Yes No If yes, proposed number of phases: **SITE PLAN MINIMUM REQUIREMENTS**

The Applicant shall submit **ten (10) copies** of the proposed site plan along with this completed Application to the Office of Community & Economic Development. Suggested minimum sheet size for site plans is 11"x17" folded to a legal size of 9"x12" with the print on the outside. No rolled plans accepted. (Excludes tentative and parcel maps)

The Site Plan shall be drawn to scale and indicate clearly and with full dimensions the following information: (*Municipal Code Section 10.120.040*)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Address | <input checked="" type="checkbox"/> Location and width of drive approaches |
| <input checked="" type="checkbox"/> Assessor's parcel number | <input checked="" type="checkbox"/> Method of on-site drainage |
| <input checked="" type="checkbox"/> Vicinity map on cover sheet | <input checked="" type="checkbox"/> Location of existing and/or proposed public improvements |
| <input checked="" type="checkbox"/> Scale and north arrow | <input checked="" type="checkbox"/> Method of sanitary disposal |
| <input checked="" type="checkbox"/> Dimensions of property | <input checked="" type="checkbox"/> Location and wide of drive approaches to site |
| <input checked="" type="checkbox"/> Existing and proposed structures showing distances from Property lines | <input checked="" type="checkbox"/> Adjacent street names |
| <input checked="" type="checkbox"/> Location and height of proposed fences, walls | <input checked="" type="checkbox"/> Existing and proposed landscaping |
| <input checked="" type="checkbox"/> Existing and proposed parking stalls (include ADA) | <input checked="" type="checkbox"/> Location of signs and size |
| | <input checked="" type="checkbox"/> Elevations if required by City Planner |

Failure to provide all requested information my result in your application being rejected and excluded from the Site Plan Review agenda

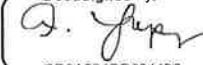
Applicant Information (Final Comments will be mailed to the name and address provided below.)

***If signed by an authorized agent, an "Agency Authorization" must be completed for this application to be considered complete.**

Name: Alicia LopezAddress: 979 N. E St.City, State, Zip: Tulare, CA 93274Phone: 559-909-4403E-Mail: lopeztaxservices@yahoo.com& ben@laneengineers.com

Signature of Owner or Authorized Agent*

DocuSigned by:

3/13/2022

CD0A531DD8D4130

Owner

Date

Authorized Agent*

Date

-THIS AREA FOR CITY STAFF USE ONLY-

By: _____

APPLICATION DEEMED COMPLETE

Date: _____

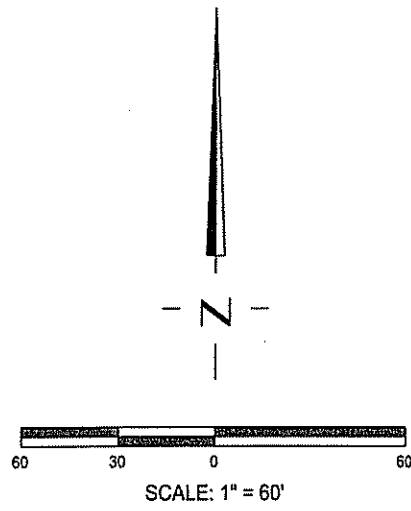
VESTING TENTATIVE PARCEL MAP

BEING A DIVISION OF LOT 19 AND THAT PORTION OF LOT 18 LYING NORTH OF THE CENTERLINE OF THE TULARE IRRIGATION CANAL, AS SAID CANAL EXISTED ON JANUARY 30, 1951, OF OAK GROVE COLONY AS RECORDED IN VOL. 3, AT PG. 4, T.C.R., SITUATED IN THE NW1/4 OF SECTION 3 T. 20 S., R. 24 E., M.D.B. & M. IN THE CITY OF TULARE, COUNTY OF TULARE, STATE OF CALIFORNIA.

OWNERS: JESUS AND ALICIA LOPEZ
 979 N. 'E' STREET
 TULARE, CA. 93274
 PHONE NO. (559) 909-4403

ENGINEER: LANE ENGINEERS, INC.
 979 N. BLACKSTONE STREET
 TULARE, CA 93274
 PH. (559) 688-5263

JANUARY 2022



BASIS OF BEARINGS

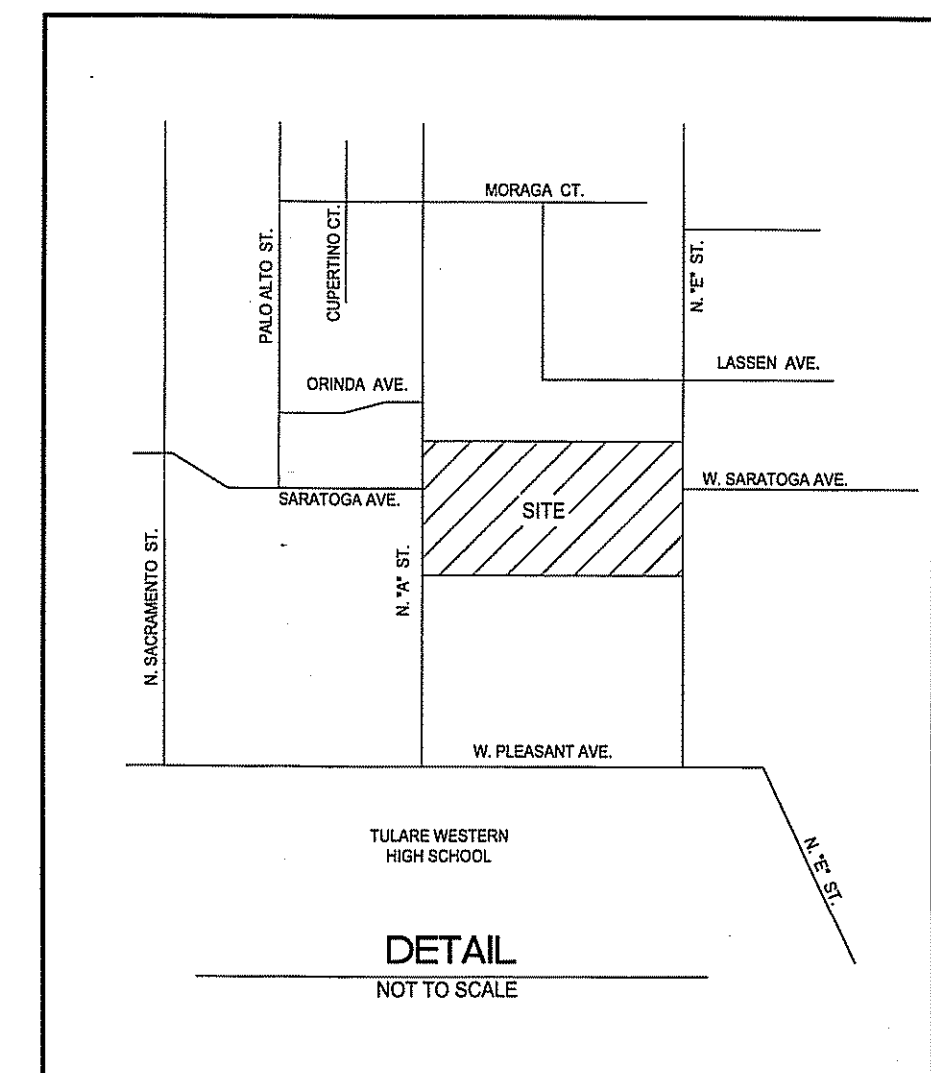
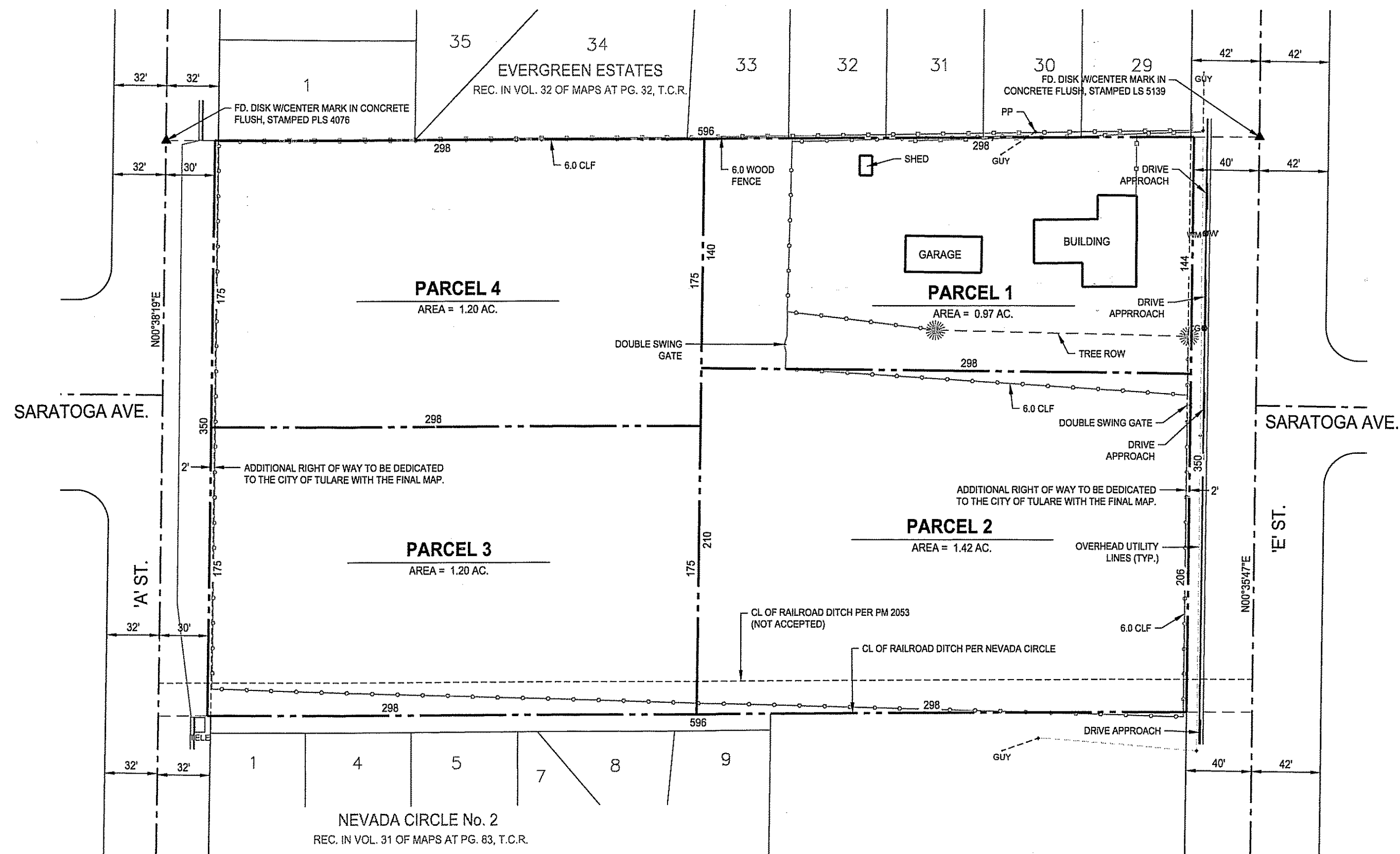
THE BASIS OF BEARINGS FOR THIS SURVEY IS THE CALIFORNIA COORDINATE SYSTEM, ZONE 4, NAD 83, AS DETERMINED BY GPS OBSERVATIONS RELATIVE TO THE CALIFORNIA SURVEYING AND DRAFTING, INC. VIRTUAL SURVEY NETWORK, EPOCH DATE 2011.

SITE DATA

| | |
|-----------------|--------------------------------------|
| PROPOSED USE | CREATE FOUR PARCELS |
| EXISTING USE | VACANT |
| EXISTING ZONING | R-1-12.5 (SINGLE FAMILY RESIDENTIAL) |
| PROPOSED ZONING | R-1-12.5 (SINGLE FAMILY RESIDENTIAL) |
| WATER | CITY OF TULARE |
| SOLID WASTE | CITY OF TULARE |
| GAS | SOUTHERN CALIFORNIA GAS CO. |
| POWER | EDISON |
| APN: | 169-040-020 |
| FLOOD ZONE | X |

LEGEND

| | |
|------|--|
| WM | WATER METER |
| W | "WATER" SERVICE MARKING ON TOP OF CURB |
| G | "GAS" MARKING ON TOP CURB |
| GUY | GUY ANCHOR |
| TELE | TELEPHONE BOX |
| U | UTILITY POLE |



Community & Economic Development Department
411 East Kern Avenue
Tulare, CA 93274
(559) 684.4217 Fax (559) 685.2339

Fee: \$0.00

Special Event Application No. 22-76



— THIS AREA FOR CITY STAFF USE ONLY —
Date Received: 3-17-2022
SPR Agenda: 3-23-2022 Item No. 4
Zoning: _____ GP Designation: _____

CITY OF TULARE SPECIAL EVENT APPLICATION

Please return this completed application to the Community & Economic Development Department a minimum of thirty (30) days prior to the date of the event. All Applications submitted on Thursday before 3:00pm, will be considered the following Wednesday at 1:30pm.

SPECIAL EVENT MEETINGS ARE HELD ON WEDNESDAYS AT 1:30 PM AT TULARE CITY HALL-COMMUNITY ROOM - 411 E KERN AVE - APPLICANT OR REPRESENTATIVE MUST BE PRESENT

GENERAL PROJECT INFORMATION

Event Name: 559 Small Business Pop-up
Date(s) of Event: March 26th 2022
Start Time(s): 10 End Time(s): 3
Location of Event: Jordan Plaza
Property Address/Location: 207 S. K St
Brief Description of Event: This event will be a flea market to promote small businesses

APPLICANT/SPONSORING ORGANIZATION

Applicant/ 1st Contact Person: Aaren Ruiz Cell Phone: 559-991-1421
Address: _____ E-Mail Address: amesonier@gmail.com
Applicant/ 2nd Contact Person: _____ Cell Phone: _____
Address: _____ E-Mail Address: _____

Are Street Closures Requested? Yes () No ()
Will Alcohol be Served? Yes () No ()
Will there be amplified music? Yes () No ()

Number & Type of Vendors: 30 vendors food, apparel, & other crafts

Page 1 of 2 - Application continues on the back of this page

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

Site Map Check List

One of the MOST important parts of the application is the Site Map. Please include a detailed **reproducible** map of the event including, but not limited to, the following:

- An outline of the entire event location, including the names of all streets or areas that are part of the venue and surrounding area; attendee parking layout; and tent/canopy locations (indicating size of each). If the event involves a moving route of any kind (parade, walk, march, etc.) indicate the direction of travel, all street or lane closures and locations where event volunteers will be posted.
- The location of barriers, fences and/or barricades. Indicate removable fencing/barriers for emergency vehicle access.
- The location of first aid facilities and ambulance parking areas, if applicable.
- A detailed or close up view of food booths and cooking area configuration, including identification of all vendors cooking with flammable gasses or barbeque grills.
- Generator locations and/or sources of electricity.
- Location of event related vehicles and/or trailers.
- Exit locations for outdoor events that will be fenced.
- Other relevant event components.
- The map should be drawn to scale and should include a "North" arrow.

Applicant Information (Decision) will be mailed to the name and address provided below).

Name: Aaron Ruiz
 Address: 207 S K St
 City, State, Zip: Tulare, Ca 93274
 Phone: 559-991-1421
 E-Mail: ameszoner@gmail.com

| | |
|---|-------|
| Signature of Owner or Authorized Agent* | |
| _____ | _____ |
| Owner | Date |
| _____ | _____ |
| Authorized Agent* | Date |

-THIS AREA FOR CITY STAFF USE ONLY-

APPLICATION DEEMED COMPLETE

By: _____

Date: _____

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

INDEMNIFICATION AGREEMENT

Host Organization and/or Event Organizer agree, in consideration of the granting of this Application and Special Event Permit for:

~~Small Business~~ ^{Pop-up} Business to be held on 3/26/22 by Aaron Ruiz
(Event Name) (Event Date(s)) (Event Organizer/Primary Applicant)
of Fresh Cut Factory
(Host Organization)

Host Organization and/or Event Organizer(s) agree to defend, indemnify and hold harmless the City of Tulare, and the City of Tulare's employees, officers, managers, agents, council members, and volunteers harmless from any and all losses, damages, claims for damage, liability, lawsuits, judgment expense and cost(s) arising from any injury or death to any person or damage to any property including all reasonable costs for investigation and defense thereof (including, but not limited to, attorney fees, costs and expert fees) arising out of or attributed to the issuance of Applicant's Special Event Permit regardless of where the injury, death or damage may occur, unless such injury, death or damage is caused by the sole negligence or willful misconduct of the City.

Host Organization and/or Event Organizer agree to provide satisfactory evidence of, and shall maintain during the specified special event, such insurance policies and coverages in the types, limits, forms and ratings required by the City's Risk Manager or City Attorney or their designee.

Host Organization and/or Event Organizer hereby requests waiver of insurance under the prohibitive cost exemption. Note: This waiver is offered only to Block Party/Neighborhood Event Applicants.

Aaron Ruiz
Print Name

[Signature]
Signature

Host/Event Organizer
Title

3/16/22
Date



CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION 1 – CONTACT INFORMATION

HOST ORGANIZATION*

Host Organization is the organization accepting all financial responsibility for the event and provides the required insurance.

Organization Name: Fresh Cut Factory

Type of Organization: Corporation LLC Non-Profit

Mailing Address: 205 S. K. St Physical Address (if different): 1839 Madalyn Ave.

Primary Phone Number: (559) 991-1421 E-mail Address: ameszoner@gmail.com

Website Address: _____

EVENT ORGANIZER*

Event Organizer is the applicant give authorization by the host organization to apply for the Special Event Permit.

Name & Title: Avron Ruiz

Mailing Address: 205 S. K St Physical Address (if different): 1839 Madalyn Ave.

Primary Phone Number: (559) 991-1421 E-mail Address: ameszoner@gmail.com

Website Address: _____

SECONDARY ORGANIZER*

It is recommended that the Event Organizer provide contact information for a Secondary Organizer

Name & Title: _____

Mailing Address: _____ Physical Address (if different): _____

Primary Phone Number: () _____ E-mail Address: _____

Website Address: _____

ON-SITE CONTACT*

Contact Information for the person who will be on-site and will be the primary contact on the day of the event.

Name & Title: _____

Mailing Address: _____ Physical Address (if different): _____

Primary Phone Number: () _____ E-mail Address: _____

Website Address: _____

ONLY THOSE AUTHORIZED AS EVENT ORGANIZER AND SECONDARY ORGANIZER WILL BE ABLE TO MAKE CHANGES TO THIS APPLICATION.

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION II – EVENT INFORMATION

EVENT DETAILS

Event Name: SSA Small Business Pop-Up

- Type of Event:
- | | |
|--|--------------------------------------|
| <input type="checkbox"/> 5K or 10k Run | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Ceremony | <input type="checkbox"/> Block Party |
| <input checked="" type="checkbox"/> Farmers Market | <input type="checkbox"/> Street Fair |
| <input type="checkbox"/> Bike Race | <input type="checkbox"/> Parade |
| <input type="checkbox"/> Concert | <input type="checkbox"/> Celebration |
| <input type="checkbox"/> Car Show | <input type="checkbox"/> Other _____ |

Event Description: (50 word minimum) This event will be similar to the one we had about a month ago. We will have less anticipated vendors. There will be a lot of returning vendors. It was a great turn out last time and we hope to have them more often!

EVENT DURATION

- Is this an annual event: Yes No
- Is this a multi-day event: Yes No
- Is there an admission fee: Yes No
- If so, how many days? _____
- If yes, please include admission fee \$ _____

Anticipated Attendance: _____ (overall/per day)

Previous year's attendance (if applicable): _____ (overall/per day)

EVENT SET-UP & TEAR DOWN

If you will be utilizing street closures please refer to the next section to provide all street closure information

How many days will your organization require to: Set up: 8 Tear Down: 4

Event Set-up Date: 1 Event Set-Up Time: 8

Event Start Date: 3/26/22 Event Start Time: 10 AM/PM

Event End Date: 3/26/22 Event End Time: 3 AM/PM

Event Tear-Down Date: 3/26/22

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION III– STREET CLOSURE(S)

The City of Tulare requires signatures from all affected residents/businesses both on and/or adjacent to a proposed street closure. Signatures and addresses will be cross-checked, with the completed map, by the Community & Economic Development Department staff prior to final approval. If any affected resident/businesses have not signed this petition, indicate the address and reason(s) below (i.e. resident on vacation, unable to connect with resident, business disapproves of street closure, etc.)

STREET CLOSURE(S)

Closure Start Date: _____ Closure Start Time: _____ AM/PM

Closure End Date: _____ Closure End Time: _____ AM/PM

If your street closure involves the closure of a State Highway, the City must receive proof of Caltrans approval prior to the approval of this application.

BARRICADE EQUIPMENT

Will the Host Organization supply its own street barricades? Yes No

If not, the Host Organization agrees to pick up barricades from the City of Tulare Public Works Department 24 hours prior to the date of the event start date. Host Organization will be required to provide a required fee for the use of City-owned barricades. A cost will be associated with any lost, damaged or barricades not returned. Note: The City will not supply supplemental traffic control signs required by the approved traffic control plan.

If barricades and supplemental traffic control will be supplied by a private company, please provide the following information.

Company Name: _____

Contact Name: _____

Mailing Address: _____

Physical Address (if different): _____

Primary Contact Number: () _____

TRAFFIC CONTROL PLAN

Host Organization and/or Event Organizer must provide a traffic control plan prepared by a registered engineer or traffic control company possessing a California C-31 class contractor's license.

Please list the streets from intersection to intersection, which will be closed for your event. Your Traffic Control Plan must show all streets, street closures, traffic control devices in compliance with the provisions of the California Manual of Uniform Traffic Control Devices (CA-MUTCD), and must include a designated 12-foot wide emergency lane.

1) Street Name: _____ From (cross street): _____

2) Street Name: _____ From (cross street): _____

3) Street Name: _____ From (cross street): _____

4) Street Name: _____ From (cross street): _____

5) Street Name: _____ From (cross street): _____

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION IV – CATERING & FOOD VENDORS

CATERING/FOOD VENDOR DETAILS

Event Organizer must obtain health permits from all food handlers. If alcoholic beverages will be sold at the event, an ABC Permit is required. An ABC Permit application MUST be submitted to the City for approval a minimum of 30 days prior to the event. Police services may be required.

Event will include the following (please mark all that apply):

- Alcoholic Beverage items Non-profit Food Vendors Pre-Packaged Food/Beverage
- Professional Catering Retail Food Vendors

Name of Entity named on ABC Permit & Serving Alcohol at Event:

Name of Entity: _____ Entity Address: _____
Entity Phone Number: () _____

Alcohol shall be served in an area no larger than an enclosed 300 sf area with a maximum posted capacity of 60 people. The alcohol service area must have two separate exits and it must be constructed of a solid type fencing to prohibit alcohol from being removed from the area, or passed to minors.

Security Guards shall be posted at each entrance and exit of the designated area. Security guards shall also be posted at the point of sale. (Additional security may be required by Tulare Fire Marshal and Tulare PD)

VENDOR INFORMATION REQUIREMENT

If the event will include food vendors, a complete list of all food vendors must be provided a minimum of 5 working days prior to the event. A site map detailing the location of each food vendor and concessionaire must be submitted for review and approval. All participating food vendors must have a valid Permit from the Department of Environmental Health County of Tulare, Business Tax Certificate, and Liability Insurance.

Number of Food Vendors: 10
Number of Non-Food Vendors: 20

NOTE: Non-food vendors must also be included on the list and must provide a Business Tax Certificate and Liability Insurance.

- 1. Datchie Munchies
- 2. Tacos El Carbon
- 3. Albacues Bbq
- 4. Everything Sweet
- 5. Cooking the Food
- 6. Crownberry
- 7. Wainamy Sweets
- 8. Sweet Bonanza
- 9. Paul's Confections
- 10. Creative Kona

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION V – VENUE & STAGING

PARKS, RECREATION & COMMUNITY SERVICES EVENTS

If you plan to hold your event at a City park, it is your responsibility to contact the appropriate division or facility manager with the Community Services Department to coordinate the schedule of your event. Rules, regulations and restrictions unique to each site/facility may apply. For more information, please call the Community Services Department at (559) 684 – 4310.

Facility Use Permit: Will this event take place at a City park? Yes No

VENUE DETAILS

Venue Name: _____

Venue Address: _____

Venue Description (You must attach your Site Plan/Map to your Application Packet):

STAGING DETAILS

The following items will be used at the event (Please mark all that apply):

- Amplified Music Bleachers Dance Floors Live Entertainment
- Loud Speaker(s) Microphones
- Stage(s) Number & Size: _____ (Please indicate location and size on Site Plan/Map)
- EZ Up Number & Size: _____ (Please indicate location and size on Site Plan/Map)
- Canopy Number & Size: _____ (Please indicate location and size on Site Plan/Map)

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION VI – SANITATION & WASTE REMOVAL

RESTROOM FACILITY DETAILS

Some events will require the presence of portable restrooms and/or hand-washing stations. Use of these items will require the Event Organizer to meet ADA regulations. Please contact your rental company for attendance to restroom ratios. A copy of the rental company's Business Tax Certificate and Liability Insurance must be attached to the Permit Application. Please indicate the location(s) of the facilities on your Site Plan/Map.

Will Event Organizer provide portable restroom facilities? Yes No

If so, please provide the following information:

Company Name: _____

Contact Name: _____

Mailing Address: _____

Physical Address (if different): _____

Primary Phone Number: () _____ Cell Phone Number: () _____

WASTE REMOVAL DETAILS – SOLID WASTE DIVISION - (559) 684-4325

Host Organizer shall complete the City of Tulare Special Event Rental Agreement for the advance use of Solid Waste services for the Event and pay in full fees for special trash event containers at the Finance Department at 411 E. Kern Avenue before delivery can be made.

The Solid Waste Department will deliver the containers on the last business day before the event and remove the containers on the first business day after the event. Weekend deliveries and removals are not available.

Solid Waste Rates (as of 7/1/2019)

- 1-6 Trash Special Event Containers: \$58.91
- Payment includes delivery and removal of event containers.

Any additional trash event containers: \$8.00 per container

SPECIAL NOTE: There will be an additional \$10.00 service fee for each Blue Recycle container that is contaminated with trash when picked up from the event location.

All cans will be dropped off at one location and all cans will need to be placed at the same location for removal.

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION VII – SECURITY, POLICE & FIRE

SECURITY AND/OR POLICE

Please note that all events exceeding _____ persons will require that law enforcement be hired for the event.

If necessary, in case of emergency, the On-Site Contact will call 9-1-1.

Event Organizer is requesting assistance from the Tulare Police Department. The Tulare Police Department will require a signed contract for services provided.

Event Organizer will provide a private security company.

If providing a private security company, please provide the following information and attach copies of the company's Business Tax Certificate, Liability Insurance and California State License.

Company Name: _____

Contact Name: _____

Physical Address (If different): _____

Primary Phone Number: () _____ Cell Phone Number: () _____

E-Mail Address: _____

FIRE

Please note that all events exceeding _____ persons will require Fire Department standby and/or emergency medical services be hired for the event.

Event will require the use of temporary power or generators. How many: _____ Capacity: _____

Event will include canopies over 700 square feet or tents over 400 square feet.

Event will include a stage.

Event will include folding chairs, or similar loose seating for more than 200 people.

Additional Fire Comments:

CITY OF TULARE SITE PLAN REVIEW APPLICATION – SPECIAL EVENT

SECTION VIII - APPLICANT AGREEMENT

OK Host Organization and/or Event Organizer agrees, upon request, to provide a General Liability Insurance Certificate providing evidence of general liability insurance coverage in the minimum amount of \$1,000,000 naming the City of Tulare, its officers, employees and agents' as additional insured. This document must be submitted no later than ten (10) days prior to the events start date.

OK Host Organization and/or Event Organizer agrees, upon request, to submit a Security Plan setting forth the proposed security measures to be taken to protect the health, safety and welfare of the participants, spectators, bystanders and passersby. This plan may be reviewed by the Tulare Police Department who may require alterations to the plan. Security measures may include by are not limited to the hiring of a private security or Tulare Police Officers at the expense of the Event Organizer.

OK Host Organization and/or Event Organizer agrees, upon request, to provide a copy of their Determination Letter, as issued by the Internal Revenue Service of the United States or State of California, if the application is made on behalf of any organization representing itself as a tax-exempt, non-profit and/or charitable organization.

OK Host Organization and/or Event Organizer agrees, to notify all residents and businesses that will be affect by street/sidewalk closures and/or amplified sound.

OK Host Organization and/or Event Organizer agrees, to supply warning signs and/or barricades and to situate them in such a position that the road closure(s) may be maintained in a safe and orderly manner. Barricades must be manned at all times during the street closures.

OK Host Organization and/or Event Organizer agree, that any false statement or material misrepresentation made in support of this application and permit is cause for denial of issuance of a Special Event Permit. Applicant also agrees that failure to adhere to the policies and procedures established by the City of Tulare. upon request, to provide a General Liability Insurance Certificate providing evidence of general liability insurance coverage in the minimum amount of \$1,000,000 naming the City of Tulare, its officers, employees and agents' as additional insured. This document must be submitted no later than ten (10) days prior to the events start date.

By signing below, Host Organization and/or Event Organizer indicate understanding and agreement to the above statements.

Aaron Ruiz

Print Name

AR

Signature

Event Organizer

Title

3/16/22

Date

NOTICE OF TEMPORARY STREET CLOSURE

The City of Tulare requires that all affected residents/businesses both on and adjacent to the proposed street closure be notified of such a street closure. Therefore, this document serves as proof of notice of the proposed street closure listed.

A temporary street closure has been requested for the following date(s)/time(s) for the streets listed.

Closure Start Date: _____ Closure Start Time: _____ AM/PM

Closure End Date: _____ Closure End Time: _____ AM/PM

Street Name(s):

The purpose of the proposed street closure is (Event Description):

Host Organization Name: _____

Contact Name: _____ Contact Phone Number: () _____

ACKNOWLEDGEMENT

By signing below, the undersigned acknowledges receipt of the above "Notice of Temporary Street Closure."

Print Name

Title

Business Name

Address

Signature

() _____
Phone Number

Use individual forms for each business/resident contacted. Executed forms must be returned to the City of Tulare – Planning Department 2 business days prior to the event start date.

Alley U 54

Back Gate

Emergency Route

Generator

(10) 10x10 Booths

10ft walkway

(10) 10x10 Booths

10ft walkway

(10) 10x10 Booths

Entrance

K St

→ North