TEMPORARY SPECIAL EVENT PERMIT
INFORMATION SHEET AND APPLICATION

Temporary Special Events include all carnivals, community celebrations, off-road vehicle races, outdoor festivals, sporting events, parades, fairs, animal races, religious festivals, revival meetings and similar public gatherings. Temporary Special Events are categorized as follows:

1. Minor Event
   a. Class I – Anticipated attendance of five hundred (500) to one thousand (1,000) persons per day; or a community celebration, religious festivals, revival meetings and similar public gatherings with anticipated attendance of five hundred (500) or more.
   b. Class II – Intensive sporting events, such as off-road vehicle races or rodeos, etc., and music events with an anticipated attendance of two hundred (200) to five hundred (500) persons per day. Included in this class are any such events that are advertised by a means of mass media (i.e., radio, television, newspaper, Internet, social media, fliers, etc.) provided that a means of limiting attendees to five hundred (500) persons per day is available and is strictly enforced.

2. Major Event
   a. Class I – Anticipated attendance of over one thousand (1,000) persons per day.
   b. Class II – Intensive sporting events, such as off-road vehicle races or rodeos, etc., or music events with an anticipated attendance of over five hundred (500) persons per day. Included in this class are any such events that are advertised by a means of mass media (i.e., radio, television, newspaper, Internet, social media, fliers, etc.) where a means of limiting attendees is not available.

CHECKLIST OF SUBMITTAL MATERIALS

Please use this checklist as you assemble the materials for the submittal of your application. County staff will use the checklist to determine whether your application is acceptable for submission. If your submittal package does not contain all of the information listed below, your application will not be taken in and receipted for processing. If you have any questions about the items requested or if you wish to obtain information on processing schedules, please call the Customer Service Unit at (909) 387-8311.

Section A – Fees/Deposit

1. _____ A check or money order made out to San Bernardino County must be submitted with the applications.

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<th>Description</th>
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**“Actual Cost Initial Deposit”** – The basic review fees for this application are charged on an “actual cost” basis. Your application money is deposited into an account and the reviewing staff records the time spent processing your application. Your account is then charged for the staff time at rates established by the San Bernardino County Fee Ordinance. You are responsible for all charges made to the account. If account funds are depleted an additional deposit will be required. If an additional deposit is required it must be paid to allow staff to continue processing. Any failure to pay the required deposit will result in suspension and possible termination of the review process. For more information on fees, please contact County Planning.

**$25.00 Job Closure Fee Required in addition to application fee**

If an additional deposit is required it must be paid to allow staff to continue processing. Any failure to pay the required deposit will result in suspension and possible termination of the project review process. For more information on fees, please contact County Planning.

**Section B - County Documents**

2. _____ Submit the completed Temporary Special Event Permit Application that is included in this packet.

3. _____ Submit the completed Evaluation of a Temporary Special Event Permit from the Sheriff’s Department that is included in this packet.

4. _____ Submit the completed Application for Temporary Special Event Permit from Inland Counties Emergency Medical Agency (ICEMA) that is included in this packet.

5. _____ Submit the completed Temporary Special Event Permit Form from the Division of Environmental Health Services (Land Use) that is included in this packet.

6. _____ Submit the completed Application for Temporary Special Event Permit from the appropriate fire agency that is included in this packet.

7. _____ Submit a copy of the application for and a Special Event Permit from the Roads Department if any activities are planned on County roads.

8. _____ Submit electronic version (PDF) of the plot plan and each application, approval and all supporting materials from each of the agencies listed above in Items 2-7. *The electronic version shall be submitted on a disc to allow for electronic distribution to prevent any unnecessary delays in distribution.*

9. _____ **One completed** Financially Responsible Party Information form.

**Section C – Other Documents**

10. _____ **Two copies** of a parcelized plot plan of the proposed event as it is to be conducted. The size of the map can range from 8½” X 11” to 18” X 24” depending on the size and complexity of the event. Refer to the Plot Plan Checklist for specific requirements.

11. _____ **One copy** of the plot plan reduced to 11” X 17” if the original plan is larger in size.

12. _____ **One copy** of all advertising flyers, news copy, internet website, etc.

13. _____ **One copy** of an insurance certificate in an amount determined by the County. If serving or vending of alcohol is proposed show coverage for Liquor Liability, in an amount determined by the County.

14. _____ **One copy** of an Event Description, which details the event in its entirety, including, but not limited to schedules; activities proposed; exact locations identified with APN numbers or street names; etc.

15. _____ **One copy** of signed Property Owner permission to occupy private property for purposes listed in the event description; including owner signature, and printed name; APN number of property; approved use of the property; and event name and date.
Section D – Plot Plan: Use the following checklist to be sure that your plans include all of the required elements. The plot plan is a drawing on one sheet of paper (minimum size of 8½” X 11”) of the entire land parcel showing the physical layout of the event, including buildings, improvements, other physical features. Remember that the staff is not familiar with the property and will need this information to evaluate your event. If the plans are not legible or do not contain the information listed below, your application will be returned.

1. _____ Plan Identification: Include the event name, location, date, and the name and contact information of the applicant.
2. _____ North Arrow: Indicate north (pointing to top or left hand side of the plan).
3. _____ Streets/Roads: Indicate location and names of all streets or roads adjacent to the property. If property is not on a road or easement, show access to property.
4. _____ Event Layout: All locations are to be clearly specified as taking place on private or public property.
   a. _____ Stage(s): Show location, size, type and height.
   b. _____ Amplifiers/Loudspeakers: Show location and hours, if applicable.
   c. _____ Seating: Show location and type (fixed or portable).
   d. _____ Event entry: Show location of any ticket booths and entry into the event.
   e. _____ First Aid Station/Command Post: Show location.
   f. _____ Chemical toilets/hand-washing facilities: Show location and indicate number. If existing restrooms are to be sued, show location and indicate number.
   g. _____ Vendor booths: Show location and indicate number of booths
   h. _____ Food and drink booths: Show location and indicate number.
   i. _____ Tents: Indicate on a note if tents are to be used.
   j. _____ Trash/Recycling bins: Show location.
   k. _____ Parking: Show location.
   l. _____ Miscellaneous: Show location of any other aspect of the event that has not been previously listed.

5. _____ Adjacent land use: Indicate how the land is used on adjacent parcels, particularly if amplifiers are to be used.
6. _____ Vicinity Map: Indicate project location within a general vicinity map with a north arrow. Indicate nearest cross streets, major access roads and community name.
7. _____ Utilities: Indicate how power is obtained. If by generator, show location.
8. _____ Jurisdictions: Indicate local agencies with jurisdiction over the locations in question: local fire agency, local Sheriff’s Station; local CHP office.

Information and Procedures

1. To receive approval to conduct a Temporary Special Event, you should contact a Land Use Services Department representative as soon as possible to discuss the proposed event. Planning Staff will inform you of the steps you will need to accomplish before you will receive a Temporary Special Event Permit. **You need to submit a complete application to Land Use Services Department at least 30 days prior to a minor event and 180 days prior to a major event.** These time frames are for the review only and may not allow any time for advertisement or advanced ticket sales before the day of the event so you may want to submit your application even earlier. If the event requires an environmental review or if the event approval is appealed by and individual or group, additional time will be required to resolve any issues.

2. The applicant will have to go the following agencies to receive their approvals/permits for the event:
   a. County Sheriffs Department (local station);
   b. Inland Counties Emergency Medical Agency – Emergency Medical Services;
   c. County Division of Environmental Health Services (Food Protection Program and Land Use);
   d. The applicable fire agency;
   e. County Public Health Department - Preventative Veterinary Services;
   f. State Department of Alcoholic Beverage Control (if alcohol will be available);
   g. Traffic Division of the Department of Public Works, if Road Permit is required.
   h. California Highway Patrol, if event is on or near a state highway. **The hiring of officers at actual cost may be required if the applicable CHP office is not contacted by the applicant in due time,** usually 30 days prior to the event.

These agencies must be contacted and approvals/permits received prior to submitting the formal application to the Land Use Services Department. Special forms are located in the back of this information packet to take to each of these agencies to document their approvals. The applicant should complete the top portion of each form.
prior to contacting these agencies. Any or all of these agencies may have their own fees that must be paid at time of submittal of these special forms. Completed forms must accompany the application when it is submitted to the Land Use Services Department. Additional forms not included in this packet may be necessary as required by the applicable agency.

3. The applicant must obtain an insurance certificate in an amount determined by the County. The certificate shall show “The County of San Bernardino, its officers, employees, agents and volunteers” as additional insured. (The policy shall be for at least $1 million and shall give the name and date of the event.) If the serving of alcohol is proposed, coverage for liquor liability is required.

4. Once complete, Planning Staff will evaluate the application and conditionally approve it or deny it. The applicant must return an original, signed copy of the Conditions of Approval showing that the applicant understands the Conditions of Approval and is prepared to meet all of them prior to the event. The approved application and Conditions of Approval serve as the permit and must be kept on-site during the event. **PLEASE NOTE: The approved application is not in effect until eleven (11) days after approval. No ticket sales or advertising may take place until after this period has passed.** The 11 day delay provides a period for appeals to be filed on the permit.

5. County Departments substantially affected by the event will submit a billing to the event sponsor for the total estimated fees and charges pertaining to the event. Such fees and charges shall be deposited with the CAO at least 60 days prior to the event (Major Events only).

6. The event sponsor may be required to post sufficient indemnity/performance/corporation surety bonds as determined by the Board of Supervisors in consultation with the office of County Counsel.

7. Where the Planning Director cannot make the findings or determines that the application is controversial, a public hearing before the Board of Supervisors and/or Conditional Use Permit may be necessary.

8. The sponsor must submit Security/Traffic Control/Fencing/Area Restriction Plans to the Sheriffs Department for approval. These plans shall include:
   a. Plans to contract for required number of Sheriffs deputies.
   b. Plans, methods, or measures to control:
      (1) Maximum attendance (gate control)
      (2) Introduction of alcohol, drugs, weapons to event
      (3) Access to restricted areas:
         (a) What areas are restricted and why.
         (b) Pass System
         (c) Fences/barriers (make site map)
         (d) Six foot chainlink fences for areas of public danger
         (e) Four foot cattle type fences for areas public should not enter to implement event containment/adjacent property protection/event entrance limits.
   c. Plans relative to private staff
      (1) Copy of contract with security firm citing number of guards, type of guards (uniformed, armed, untrained), duty hours.
      (2) Number, qualifications and duties of "volunteer" security/crowd control staff.
   d. Communications plan to provide coordination/alert between security posts/officials and law enforcement (specify equipment provided).
   e. Method of controlling unauthorized camping (on or in the vicinity of the event).
   f. Plan (with map) showing control of parking, direction signs, locations of staff directing parking/traffic. Plan to show handling of "mass" exit of people/autos when event has an end time where the majority of attendees leave at one time (e.g. end of concert, rodeo, etc.).
   g. Plan for lighting (existing and temporary) to assure event safety for events extending into evening/night hours.

9. The sponsor must submit acoustical information to Environmental Health Services to determine whether or not this event will have a significant noise impact on adjacent properties. You will need to state the sources of noise at the event, potential harm or annoyance to participants or surrounding area people/environment, and the measures to mitigate the effects of this noise (e.g. limited operating hours, absence of any affected people/environmental factor, special amplifiers, natural terrain).

10. The sponsor must submit a Solid Waste Plan to Environmental Health Services for approval covering the following topics:
11. The sponsor must submit sanitation plans (Toilets/Potable Water/Lavatories/Waste Water) to Environmental Health Services for approval covering the following topics (Refer to the table below and the attachment for Environmental Health Services Land Use for amplification on these requirements):
   a. Toilets
   b. Handwashing
   c. Wastewater
   d. Food Handlers
   e. Drinking Water
   f. Water Systems
SPECIAL EVENT PORTABLE TOILET RECOMMENDATIONS

The following chart can be used to calculate the number of portable toilets necessary for an event. The chart assumes there are no fixed facilities, no pumping service is provided, a 50/50 Mix of Men & Women. One unit provides approximately 200 uses with 4 hours between uses. Add 40% more if alcohol is served.

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TEMPORARY SPECIAL EVENT PERMIT
APPLICATION

I hereby apply for a permit to operate a temporary special event under the provisions of Title 8, Chapter 85.16 of the San Bernardino County Code, and agree to comply with all provisions of said Code, applicable State laws and all established standards. I hereby state that I am aware it is my responsibility to attempt to maintain order at said enterprise, and will provide such personnel as may be required and approved by the Sheriff. I also hereby attest to the truth of the facts presented in this application. I hereby agree to defend any action brought against the County, its agents, officers or employees because of the approval of this application. I shall reimburse the County, its agents, officers, or employees for any court cost and attorney’s which the County, its agents, officers or employees may be required by a court to pay as a result of such approval.

Name of Applicant: ___________________________ Phone: __________________
Address: ___________________________________ APN: __________________
Email Address: ________________________________
Name of Event: ________________________________
Date(s) and Time of Event: ________________________
Location of Event: _______________________________(Give exact location and distance to nearest streets)
Signature: _____________________________________ Date: ________________________

Company, policy number, agency and amount of liability insurance (submit certificate of insurance naming “The County of San Bernardino, its officers, employees, agents and volunteers” as additional insured):

Number of persons per day expected: ______  Expected number of hours/person: ______
Number of food units with event: ______  Number of toilets: ______
Date final clean-up of site to be completed: ______  Will a tent be used? Yes ☐ No ☐
Will a temporary structure be built? Yes ☐ No ☐  Will overnight camping be requested? Yes ☐ No ☐
Will temporary lighting be required? Yes ☐ No ☐  Will alcoholic beverage be available? Yes ☐ No ☐
Number of Employees with event: ______  Will animals be a part of the event? Yes ☐ No ☐
Is the site disturbed/developed? Yes ☐ No ☐  Will a State Highway be impacted? Yes ☐ No ☐
Will the event include pyrotechnics? Yes ☐ No ☐

Submit the following:
1. Plot plan indicating event location, ingress, egress, food booths, restrooms, parking (indicate capacity), major streets, trash receptacles, and fences/ barriers along with this application.
2. Copies of contracts for portable toilets, County approved pumper to service portable toilets, County permitted refuse hauler.
3. Copy of all publicity materials.
4. Submit a list of emergency contacts including names, phone numbers and times/dates covered by each person.
5. Schedule of activities. List details including dates, hours, specific locations, nature of, and anticipated attendance for each activity.

NOTE: This application is provided with information of the requirements of San Bernardino County for Health, Safety and Law Enforcement, and each applicant must be prepared to comply with said requirements prior to the submittal of this application and prior to any operation. Separate permits must be obtained from each department or agency when required. For your protection and for the protection of your patrons, the Uniform Building, Fire, Plumbing and Electrical Codes are in effect and a rigid inspection of Food and Health facilities is made.

To be completed by County Staff: Filing Date: ____________ Project No.: ____________ Zoning Dist.: ____________
OTHER DEPARTMENT/AGENCY APPROVALS:
Using the forms provided in the information packet, approvals of County and State departments/agencies shall be submitted in writing to the Land Use Services Department.

Date Approved

_____ Inland Counties Emergency Medical Agency - Emergency Medical Services
_____ County Public Health Department - Environmental Health Services (Food Protection Program)
_____ County Public Health Department - Environmental Health Services (Land Use)
_____ County Public Health Department - Preventative Veterinary Services
_____ County Sheriff's Department (local station)
_____ Fire Authority
_____ State Department of Alcoholic Beverage Control

_____ Other Agencies

SPONSORING ORGANIZATION:

Name: ____________________________________________
Address: ____________________________________________
Signature, Title, and Phone Number: ________________________________

PROPERTY OWNER:

Name: ____________________________________________
Address: ____________________________________________
Signature and Phone Number: ________________________________

Temporary Special Event Permit: Approved ☐  Denied ☐

By: ____________________________________________ Date: ______________________

Temporary Special Event Permit – 10/11/2010
San Bernardino County Sheriff’s Department  
Evaluation of Temporary Special Event Permit Application

This evaluation is prepared per Title 8: Chapter 85.16 of the San Bernardino County Code.

Name of Applicant: ________________________________  Applicant’s Signature: ________________________________

Name and Location of Event: ________________________________

Dates of Event Operation: ________________________________  Times of operation: ________________________________

Dates for start of event set-up and finish of final clean-up: ________________________________

It has been determined that the applicant and the proposed site/support arrangements for the above event either satisfactorily meet the County code or need to fulfill further conditions (as marked below) before permit approval.

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<td>8</td>
<td>Proposed news releases</td>
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<td>No false application information</td>
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<td>Adequate parking and overnight camping arrangements, if applicable</td>
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<td>Traffic guards and signals</td>
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<td>Inclement weather contingencies</td>
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<td>Communications equipment and facilities for all regulatory personnel on site</td>
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<td>Adequate public address system</td>
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<td>Traffic congestion</td>
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<td>21</td>
<td>Access for Fire, Paramedic, Ambulance, Police during event</td>
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<td>Time, route, or size of event</td>
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<td>23</td>
<td>Other Considerations</td>
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It is recommended that:

A. Permit be denied (reasons attached)

B. Permit be issued if further conditions are met (review by Sheriff required)

C. Permit be issued if further conditions are met (further Sheriff review not required)

D. Permit be approved without need for meeting conditions beyond the description of the activities of the event as defined in the event application

County Sheriff (or designated official)

Name: ___________________________ Signature: ___________________________ Date: ____________

Title: ___________________________ Telephone Number: ______________________

(Note to Sheriff- Please specify in your additional conditions when proof of compliance is required before permit approval. Please sign and date any list of conditions provided to the applicant for Planning review. If conditions are sent directly to Planning, under separate cover letter, send to San Bernardino County Land Use Services Department, 385 N. Arrowhead Avenue, San Bernardino, CA 92415-0182.)
APPLICATION FOR TEMPORARY SPECIAL EVENT PERMIT

*** The Emergency Medical Services Agency (ICEMA) requires a permit fee on all temporary special event applications. (Please contact ICEMA for current fees)

*** Please attach a cashier's check or money order made payable to:

Inland Counties Emergency Medical Agency (ICEMA)

Name of Applicant: ________________________________

Name of Event: ________________________________

Location of Event: ________________________________

Event Date(s): ________________________________

APPLICANT'S SIGNATURE: ________________________________ DATE: ________________________________

THIS SECTION IS FOR OFFICIAL USE ONLY AND WILL BE COMPLETED BY ICEMA.

1. The Emergency Medical Services Agency Recommends:
   A. Permit be approved.
   B. Permit be approved based upon compliance with the below listed conditions. Conditions are to be met at least eleven days prior to the date of the event.
   C. Permit be approved based upon compliance with the below listed conditions and further review by the EMS Agency is required. Conditions must be met eleven days prior to the date of the event.
   D. Permit be denied based upon the findings identified below.

Conditions of approval: ________________________________

__________________________________________________________

II. EMS Fee Paid: $ ______________ Date

ICEMA Executive Director (or designated official)

Signature ________________________________ Date ________________________________

Title ________________________________ Telephone Number ________________________________

Evaluation of Application to operate special event in an unincorporated area of San Bernardino County, under the provisions of Chapter 85.16 of the San Bernardino County Code.
APPLICATION FOR TEMPORARY SPECIAL EVENT
EMERGENCY MEDICAL AND FIRST AID SERVICES EVALUATION

ICEMA must review and approve the applicant's plan to provide acceptable first aid and emergency medical care for any ill or injured person at the special event and for transporting any seriously ill or injured person to a local hospital. You are required to provide the information requested below and/or submit a plan for the provision of emergency medical and health care services. You will be required to comply with conditions or provisions that ICEMA imposes prior to ICEMA recommending approval of your temporary special event application. If the ICEMA determines that a written plan is required, the plan must address the specific issues identified in Section IV of the San Bernardino County/ICEMA Guidelines for Special Events.

1. Project the anticipated daily public attendance, the number of workers, performers, and security personnel:

2. List the injury and illness rates based on similar events:

3. Project the number of daily illness and injuries anticipated to occur at the event:

4. Project the number of illness and injuries anticipated to require transportation to outside medical facilities. These projections must be specific as to day, time, and location within the event:

5. List the name, telephone number, qualifications and experience of the person responsible for providing emergency medical services:

6. List the name and telephone number of the special event site coordinator for emergency medical services:
7. Identify the type of personnel at each medical aid site, list the numbers of above personnel, show duty locations on site map, cite duties performed at each location and specify duty hours of each location/person:

____________________________________________________________________________________

____________________________________________________________________________________

8. Describe the equipment that will be provided at each medical site:

____________________________________________________________________________________

____________________________________________________________________________________

9. List the type and quantity of supplies that will be available to support the medical care operation:

____________________________________________________________________________________

____________________________________________________________________________________

10. Describe how you plan to record treatment administered to each patient and how you plan to report summary data on patients treated according to type of illness or injury, disposition and whether or not transported to a nearby hospital. Upon request, this information is to be provided to ICEMA:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

APPLICANT’S SIGNATURE: ___________________________ DATE: ___________________________
TEMPORARY SPECIAL EVENT

Event: ____________________________ Applicant: ____________________________

Community: ____________________________ Phone #: ____________________________

Date: ____________________________ Signature: ____________________________

There is a fee due to the Division of Environmental Health Services for this application. Contact a Division representative for the amount required.

Sanitation Plan

1. **Toilets:** Include on the site map the number and locations of portable toilets that will be offered to the public and used by food vendors. Refer to the attached table to determine the number of toilets required. Toilets shall be placed so that food/drink vendors are all within 200 feet of a toilet. A copy of the contract for the portable toilets, from a San Bernardino County licensed hauler, is required. Permanent toilets/urinals will not be considered suitable for public use unless served by a municipal sewer system. Other toilet facilities (served by septic systems, holding tanks, etc.) may be used for the event if approved by EHS Safe Drinking Water program.

2. **Handwashing:** Public handwashing facilities (lavatories) are required for all events. Lavatories shall dispense potable water for handwashing at each toilet area - I lavatory per 4 toilets minimum. Where lavatories are provided as part of portable toilet contract, the responsibility of the contractor to maintain potable water shall be stated on the contract.

3. **Wastewater:** Discharge of wastewater to the ground or surface water is prohibited unless approved by the Regional Water Quality Control Board (RWQCB) for the area of the event. A copy of RWQCB approval for the planned discharges shall be provided to EHS.

4. **Food Handlers:** All food/drink vendors (except prepackaged food/drink vendors i.e. candy bars & canned drinks) shall have hand washing facilities in each booth. Each vendor shall obtain permits from the EHS Food Program. For specific requirements for booth construction and food handling, obtain a copy of the Temporary Food Facility booklet from the EHS Food Program (or Land Use Services Department).

5. **Drinking Water:** Free potable water shall be made available for public drinking at event locations only when events are conducted with all of the following:
   
   a. Event is longer than 2 hours;  
   b. Public is expected to stay at the event longer than 2 hours or requires more than 2 hours to see all exhibits;  
   c. Event is conducted in an enclosed area where admission is charged.

6. **Water Systems:** Potable water shall be from an EHS approved community system, from a state approved water hauler, or approved vendor. A detailed description of the water storage and distribution plan (as applicable) shall be provided to EHS. Any extension of an approved permanent water system requires plan check and field inspection prior to use. Temporary potable water distribution systems will require plan check and field inspection prior to installation and a field inspection of the installed water system prior to distributing water. Water shall be provided so that 1 gallon/person/each 4 hour period is available. Proof of water availability shall be provided where a municipal water source is not used for the event.
Solid Waste Plan

1. **Refuse Collection Contract:** Provide a copy of the contract with a County permitted refuse hauler or copy of recent billing for event location showing pick up schedule.

2. **Containers and Locations:** On the site map, indicate the number and type of refuse receptacles and their locations. Refuse containers shall meet the following requirements:
   a. Minimum of 2 receptacles per food concession.
   b. Receptacles shall be lined with plastic liners at all times.
   c. Recommended size is 55 gallons cardboard containers.
   d. Trash containers shall be emptied 5 times per 8-hour period.
   e. Provide containers to handle a minimum of 1.27 gallons/8-hours/person.

3. **Storage of Refuse:** After collection of trash from receptacles, trash shall be stored in the following manner:
   a. Bags shall be tied shut prior to putting into the dumpsters.
   b. Dumpsters shall be covered at all times.
   c. All refuse shall be removed from the event site within 72 hours.

4. **Litter Control:** Provide personnel to collect ground litter inside and outside the event areas during the event. In addition, provide a plan to ensure that litter does not impact adjacent properties.

5. **Recycling:** Provide a plan defining what recycling methods will be used at the event (i.e. separating cans, bottles, plastic, etc.)

Acoustical Information

The following information is needed in order to determine whether or not this event will have a significant noise impact on adjacent properties. The information is presented in a check off list format to assist you in providing all of the information necessary for an adequate review. From this information, event parameters may be defined. Please include your name and daytime phone number in case any additional information is needed. If you have any questions, please contact DEHS at (800) 442-2283.

☐ 1. Describe the event with emphasis on all aspects of the event that may generate noise. Include potential noise sources, times of day noises may occur, duration, if noises are restricted to indoor or outdoor areas and if there are plans to change the size or intensity of operations. Event shall comply with County Noise Standards, Title 8, Section 83.01.080 of the San Bernardino County Code.

☐ 2. Zoning and current land uses of the properties to the north, south, east and west.

☐ 3. Distances to the adjacent property lines from the onsite noise source.

☐ 4. What is the noise source (amplifiers, loudspeakers, stage, etc.)?

☐ 5. Are there any structures or other obstacles that may aid in reducing the noise exposure?

☐ 6. Provide a facility map (hand drawn is adequate) noting the information in questions 2, 3, 4, and 5.

☐ 7. Notify surrounding property owners of the event.

Temporary Special Event Permit: Approved ____________ Denied ____________

By: ___________________________ Date: ___________________________
The following chart can be used to calculate the number of portable toilets necessary for an event. The chart assumes there are no fixed facilities, no pumping service is provided, a 50/50 Mix of Men & Women. One unit provides approximately 200 uses with 4 hours between uses. Add 40% more if alcohol is served.

<table>
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<th>2</th>
<th>3</th>
<th>4</th>
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FIRE AGENCY
APPLICATION FOR TEMPORARY SPECIAL EVENT PERMIT

Application to operate Special Event in an unincorporated area of San Bernardino County, under the provisions of Title 8, Section 85.16 of the San Bernardino County Code.

Event Date: ______________________  Major Event:  ☐  Minor Event:  ☐

Ending Date: ______________________

Applicant: ______________________
Address: ______________________
Phone Number: ______________________  Fax Number: ______________________

Business/Organization Sponsoring Event: ______________________
Address: ______________________

Name of Event: ______________________
Address of Event: ______________________

FIRE PROTECTION AND LIFE SAFETY REQUIREMENTS NEEDED (as checked)

☐ (a) Site & Vicinity Map
☐ (b) Event Security Services to be provided (list # and type to be present)
☐ (c) Fire Emergency / Vehicle Access (show both on site map)
☐ (d) Event Medical Services to be provided. (Specify all pertinent information, include locations on site map.)
☐ (e) Fire Protection (Fire Hydrant/Supplemental Water Sources / Weed Abatement/ Flame Proof Canvas Certificates / Fire Extinguishers / Combustibles Control. Assure the locations of above applicable items are shown on the site map and describe plan to handle any of the above items that apply to the event.
☐ (f) Communications (show location of public telephones on site map and missing persons contact points on site map. Describe public address system or other communications to be used)
☐ (g) Bonds / Insurance / Certificate / Landowner Permission in writing.
☐ (h) Overnight Camping (state if overnight camping is associated with the event and shown on site map)
☐ (i) Electrical Outlets / Portable Power Cords / Portable Generators (specify where to be used) Evidence of Bldg. & Safety Permits and inspection required.
☐ (j) Food Booths / Concessions Stands (location on site map) Identify individual concessions.
☐ (k) LPG Tanks (Specify #, location on site map and list gallons per tank
☐ (l) Emergency Evacuation Procedure Copy (Fire Dept. Approval Required)
☐ (m) Additional Emergency Equipment for on site event, upon request of went coordinator upon evaluation of the fire prevention inspector, to provide additional Emergency Equipment dependent on type of hazards or projected need. Billing for additional equipment must be paid in advance or billing package after event. Any additional inspections made prior to the event are subject to an additional hourly charge.

☐ (n) Entertainment type (specify if pyrotechnic/special effects to be used)
(If Pyrotechnic/Special Effects, need copy of pyro technician's current license, and proof of insurance from pyro company. Pyro Tech Company to apply for separate permit, pay fee, and meet the above requirements stated.)

Processing a Minor Event requires 30 day notice and 90 days notice for a major.

AS THE SPONSOR'S DESIGNATED CONTACT PERSON/AGENT, I HAVE REVIEWED THIS COMPLETED APPLICATION AND DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT ALL STATEMENTS ARE ACCURATE, COMPLETE AND TRUE.

Name________________________________________ Signature____________________________________ Date________

Temporary Special Event Permit: Approved___________ Denied______________

By:_____________________________________________ Date:__________________________
PROPERTY OWNER PERMISSION TO UTILIZE PROPERTY

I, ___________________________________________________________________________________________.

Hereby give _________________________________________________________________________________ (applicant name)

Permission to use my property at _______________________________________________________________________ (address)

Assessor’s Parcel Number _____________________________________________________________________________.

During the hours of _________________________________________________________________________________________

For _____________________________________________________________________________________________

___________________________________________________________________________________________________________

(type of use: parking, staging, vendor booths, alcohol sales, etc)

As part of the __________________________________________________________________ major/minor event

To take place _________________________________________________________________________________________ (date).

______________________________________________________________________________________________

Signature

Print Name
Address:

Phone number

__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

San Bernardino County

Temporary Special Event Permit
FINANCIALLY RESPONSIBLE PARTY INFORMATION

Please print your responses.

The Financially Responsible Party is the individual or legal entity that will sign the Financially Responsible Party Agreement (attached), which agreement establishes the entity that: is responsible for all permit processing costs associated with the project application; will receive project accounting during the application processing; is responsible for paying for consultants necessary to complete the processing of the project application; is deemed the owner of funds held in the project trust fund; and indemnifies the County for legal challenges to project approval.

Have you ever had a Trust Account with San Bernardino County Land Use Services? ☐ Yes ☐ No

If yes, what name was used? ____________________________________________________________

Financially Responsible Party Name: ______________________________________________________

The Financially Responsible Party is a (choose one): ☐ Company/Organization ☐ Individual

If Company/Organization, type, i.e. corporation, LLC, partnership: ____________________________

Are you registered with the California Secretary of State? ☐ Yes ☐ No

If yes, what is your entity number? ______________________________________________________

If Company/Organization, Contact Name: _________________________________________________

Mailing Address: _______________________________________________________________________
                                                                                          ______________________________________________________________________________
                                                                                          City                     State                     Zip
                                                                                          ____________________________

Home/Business Phone: ____________________________    Cell Phone: ____________________________

Email: ______________________________________________________________________________

What is your preferred method for receiving invoices:   ☐ Email   ☐ U.S. Mail

If you are not the Financially Responsible Party, do you have notarized authorization to encumber the Financially Responsible party? ☐ Yes ☐ No   (Please attach a copy of the authorization.)

----------------------------------------------------------------------------------------------- For Office Use Only -----------------------------------------------------------------------------------------------

Project Number: ________________________________    Type of Application: ____________________________

Received By: ______________________________________    Date: ____________________________

Entered By: ______________________________________    Date: ____________________________

San Bernardino County - 6 - Temporary Special Event Permit
FINANCIALLY RESPONSIBLE PARTY AGREEMENT

This Agreement is entered for the benefit of San Bernardino County by and through the San Bernardino County Land Use Services Department (LUSD) by ________________________________________________________________ (Financially Responsible Party) in reference to LUSD application processing costs associated with a Project. [If the Financially Responsible Party is a legal entity (e.g. corporation or partnership), the representative must supply notarized authorization that he/she is approved to financially encumber that legal entity.]

1. The Financially Responsible Party will pay the security deposit required at the time of Project submittal in an amount established by the County Code or by LUSD policy; will pay monthly invoices within twenty-five (25) days from invoice date, subject to LUSD stopping work until payment is received; and agrees to be responsible for payment of all permit processing costs associated with the Project application.

2. If it is deemed necessary by LUSD to utilize consultant services, the Financially Responsible Party will pay a deposit to cover consultant costs prior to execution of the contract with the consultant, with charges against the contract with the consultant to be billed on an hourly basis against the deposit.

3. Financially Responsible Party agrees that all funds deposited in the Project Trust Account will be held by the County in an account under the name of Financially Responsible Party, and that the Financially Responsible Party shall be considered the owner of all funds in said account.

4. Financially Responsible Party agrees that the LUSD is not required to issue any clearances or permits without receipt of full payment of fees, unless waived by the Board of Supervisors, by Board Action.

5. Financially Responsible Party agrees that if there is an outstanding amount on any other LUSD application for which the Financially Responsible Party is the applicant, the depositor, of the Financially Responsible Party, subsequent applications will not be accepted until such amounts are paid.

6. Financially Responsible Party agrees that LUSD may refund any funds remaining in the project trust account at the completion of work to the Financially Responsible Party.

7. The Financially Responsible Party agrees that the person or entity designated as the Financially Responsible Party maintains that designation until the project is completed and all legal challenges to the County’s approval have been resolved, or the County is notified, and accepts, a Change of Financial Responsibility form (available on the San Bernardino County LUSD website).

8. **Indemnification.** In compliance with Development Code §81.01.070, the Financially Responsible Party agrees, to defend, indemnify, and hold harmless the County or its “indemnitees” (herein collectively the County’s elected officials, appointed officials (including Planning Commissioners), Zoning Administrator, agents, officers, employees, volunteers, advisory agencies or committees, appeal boards or legislative body) from any claim, action, or proceeding against the County or its indemnitees to attack, set aside, void, or annul an approval of the County by an indemnitee concerning a map or permit or any other action.
relating to or arising out of County approval, including the acts, errors or omissions of any person and for any costs or expenses incurred by the indemnitees on account of any claim, except where such indemnification is prohibited by law. In the alternative, the developer may agree to relinquish such approval.

The Financially Responsible Party shall reimburse the County and its indemnitees for all expenses resulting from such actions, including any court costs and attorney fees, which the County or its indemnitees may be required by a court to pay as a result of such action.

Although the County may, at its sole discretion, participate at its own expense in the defense of any such action, such participation shall not relieve the Financially Responsible Party of their obligations under this condition to reimburse the County or its indemnitees for all such expenses.

This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Financially Responsible Party’s indemnification obligation applies to the indemnitees’ “passive” negligence but does not apply to the indemnitees’ “sole” or “active” negligence or “willful misconduct” within the meaning of Civil Code Section 2782.

The Financially Responsible Party agrees that its indemnification obligations under this agreement remain in effect even though a court may order the County to set aside its approvals of the project.

9. In the event of a transfer of project or property, the Financially Responsible Party shall notify the County within two (2) working days, in writing and by telephone as follows:

   Land Use Services Department  
   Attn: Administrative Manager  
   385 N. Arrowhead Avenue, 1st Floor  
   San Bernardino, CA 92415-0187  
   (909) 387-4000

Executed on the _____________ day of _________________________, 20_______

______________________________________________________________
Financially Responsible Party (Please print and sign)