



Completed applications must be submitted electronically to: planning_web@oceansideca.org

OFFICE USE ONLY	
Application No.	
Application Submittal Date	
Accepted By	

TEMPORARY OUTDOOR EXPANSION PERMIT

- New Application
 New Joint Application (Attach collaborating permit)
- Modification: App # _____
 Modification to Joint Application: App # _____

Type of Application (check all that apply):		
<input type="checkbox"/> Private Outdoor Area	<input type="checkbox"/> Sidewalk/Public Right-of-Way	<input type="checkbox"/> Private Parking Area Modification
<input type="checkbox"/> Public Parking Modification/Parklet		
Type of Business:		
<input type="checkbox"/> Restaurant, Bar, Winery, Brewery <input type="checkbox"/> Retail or Commercial Business		
Name of Business		
Physical (business) Address		
Assessor's Parcel Number (APN)	Oceanside Business License #	
Business Owner's Name	Phone	Email

24-HOUR CONTACT INFORMATION:

Business Contact's Name and Position (Please Print)		Signature
Date	Phone (24HR)	Email

PERMISSION FROM PROPERTY OWNER:

Property Owner's Name		Property Owner Address
Date	Phone	Email

PROPERTY OWNER'S AFFIDAVIT: I hereby certify under penalty of law that I am the owner of the above-referenced property and authorize the temporary outdoor operations as described herein. I have reviewed the accompanying site plan and documentation and consent to the filing of this application.

Print Name _____ Signature _____ Date _____

Site Plan Submittal Checklist

- Complete electronic set of the entire permit application package as defined in this document.
- Written permission and signature from property owner *(if applicable)*.
- Copy of Alcohol Beverage Control (ABC) licensing and Map *(if applicable)*.
- Executive summary of your business (scope of business).
- Several photographs of the area planned to be used for outdoor eating area to assist in the review process.
- If on public property, Proof of Liability Insurance (Certificate of Insurance and Additional Insured Endorsement)
- Site and/or Seating Diagram with accurate, dimensioned, scaled drawings showing the business storefront, storefronts adjacent to the business, and the full sidewalk, street, and parking area in the proposed permit area. Size and font must be legible.
 - Delineate and dimension the area proposed for the permit. Clearly identify property lines, City right-of-way, curb line and sidewalk width. If in the sidewalk/ROW, show and label existing features such as planters, trees, fire hydrants, above-ground utility boxes, bike racks, etc.
 - Show and label all proposed furniture and appurtenances requested to be placed within the proposed permit area.
 - Provide north arrow, scale, street name, business address, and business name.
 - Provide all property information (such as business name, address, APN, etc.) on plan.

Application is hereby made for a temporary permit to operate an outdoor business subject to the Planning Division's sole consideration and approval and in accordance with standards set by the State of California, San Diego County Public Health, and in compliance with City written guidance and best practices defined in the business' Safe Reopening Plan. To the greatest extent allowed by law, Applicant agrees to indemnify, defend and hold harmless the City of Oceanside, its officers, agents and employees from all claims, demands, damages, actions, causes of action, charges, fines or penalties of any kind and nature whatsoever arising from the issuance of this temporary emergency outdoor expansion permit

Signature of Applicant

Date

OFFICE USE ONLY

Planning Division

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reviewer Name:	Date:
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Comments (Please use additional pages as necessary):

Engineering Division

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reviewer Name:	Date:
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Comments (Please use additional pages as necessary):

Transportation Engineering

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reviewer Name:	Date:
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Comments (Please use additional pages as necessary):

City Attorney's Office

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reviewer Name:	Date:
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Comments (Please use additional pages as necessary):

Police Department

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reviewer Name:	Date:
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Comments (Please use additional pages as necessary):

Fire Department

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reviewer Name:	Date:
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Comments (Please use additional pages as necessary):