



**Community Development Department
Planning Division**
14177 Frederick Street
P. O. Box 88005
Moreno Valley, CA 92552-0805
(951) 413-3206

MAJOR TEMPORARY USE PERMIT APPLICATION

Permit No.:

TYPE OF APPLICATION

Applications for temporary use permits shall be filed a minimum of thirty (30) days prior to the date of the proposed event.

_____ Seasonal Produce Stand
_____ Pumpkin Patch
_____ Christmas Tree Lot
Other _____

APPLICATION INFORMATION

Business Name (if any):

Event/Description:

Address/Location:

APN:

Tents/Canopies Yes No Food Services Yes No Alcoholic Beverages Yes No

Music/Band Yes No Animals Involved Yes No

Event Date(s): ___/___/___ - ___/___/___ Attendance: Less than 200 200-1000 1000-2500 2500+

CONTACT PERSON

APPLICANT Name: _____ Telephone: () _____

Address: _____ Fax No. () _____

City: _____ State: _____ Zip: _____ E-Mail Address: _____

Contact Person:

PROPERTY OWNER Name: _____ Telephone: () _____

Address: _____ Fax No. () _____

City: _____ State: _____ Zip: _____ E-Mail Address: _____

Contact Person:

CONTACT Name: _____ Telephone: () _____

Address: _____ Fax No. () _____

City: _____ State: _____ Zip: _____ E-Mail Address: _____

COMMUNITY ENHANCEMENT & NEIGHBORHOOD SERVICES APPROVAL

Approved by: _____ Date: _____

Comments: _____

*** PERMIT IS NOT VALID UNTIL CITY APPROVAL SEAL IS AFFIXED ***

FINAL APPROVAL IS CONTINGENT UPON THE FIELD INSPECTIONS REQUIRED BY THE VARIOUS DEPARTMENTS/AGENCIES

PERMIT SUBMITTAL REQUIREMENTS

Completed and signed forms:

- ✓ Temporary Use Permit Application
- ✓ Business License Application
- ✓ Fire Permit/Inspection Application
- ✓ Building Special Request Application (if applicable)
- ✓ Emergency Contact Form

Unimproved lots (with curb and no driveway access) will require an Encroachment Permit

Letter from property owner or leasing agent or signature on application authorizing the proposed temporary event

Letter of "intent," describing the proposed event, including the following details:

- ✓ Type of event
- ✓ Date(s) event will be held and hours of operations
- ✓ Anticipated attendance
- ✓ Tents or canopies, food services, alcoholic beverages, music and/or bands

Fully dimensioned site plan, identifying the following:

- ✓ Location and size of project site
 - Lot dimensions
 - Closest intersection(s)
- ✓ Vehicular and/or pedestrian access points
 - Driveway entrance(s), exit(s), and pedestrian aisles (show curb, if any)
 - Loading/unloading area(s)
- ✓ Location of on-street/off-street parking area(s)
- ✓ Location of lighting, fencing (6'high maximum), and gates
- ✓ Location(s) of tents/canopies, food services, alcoholic beverage areas, restrooms/portable toilet facilities, etc.
- ✓ Location of any flammable liquids
- ✓ Location of nearest fire hydrant (distance), fire lanes, water meter, electric boxes, telephone poles, and any utility boxes which adjoin the property and/or street
- ✓ Location of signs

Temporary signs or banners with an area of one (1) square foot for each linear foot of store front operated by the permittee up to a maximum of 80 square feet

No signs are permitted within 10 feet of any vehicular access or within any public right-of-way

Balloons shall not exceed a maximum height of 50 feet above grade/ground level

Balloons and blimps greater than 40 inches in diameter are permitted in commercial zones only

No sign shall be erected off of the premises, where the temporary use is authorized to take place.

Please make checks payable to the **CITY OF MORENO VALLEY** for the total of all fees due.

CONDITIONS OF APPROVAL

Events anticipated to accommodate 2,500 or more persons on a site require the property be posted at least 10 days prior to the event.

An identification sign including the owner/operator's name, business address, and 24-hour emergency telephone number shall be conspicuously posted at the site.

Christmas tree lots and pumpkin patches are allowed a maximum of 30 days per calendar year; seasonal produce stands 120 days.

Only the signs described in this permit are allowed.

Portable toilets shall be provided for employees/customers and meet ADA (Americans with Disabilities Act) standards.

APPLICANT'S SIGNATURE

I certify under penalty of perjury that all information in this application is true and correct, that any false or mis-leading information shall be grounds for denial, and I agree to comply with any and all Conditions of Approval.

Applicant _____

Date _____

DIVISION REVIEW AND APPROVAL SIGNATURES

PLANNING APPROVAL

Approved by: _____ Date: _____

Comments: _____

BUILDING APPROVAL

Approved by: _____ Date: _____

Comments: _____

FIRE APPROVAL

Approved by: _____ Date: _____

Comments: _____

TRANSPORTATION APPROVAL

Approved by: _____ Date: _____

Comments: _____

LAND DEVELOPMENT APPROVAL

Approved by: _____ Date: _____

Comments: _____

BUSINESS LICENSE APPROVAL

Approved by: _____ Date: _____

Comments: _____

POLICE DEPARTMENT APPROVAL

Approved by: _____ Date: _____

Comments: _____

NOTIFICATIONS

Riverside County Health Department – Environmental Health Division – (951) 358-5172 - It is the responsibility of the applicant to obtain the appropriate Health Department release, if food is being served.

Alcohol Beverage Control Board – (951) 782-4400 – It is the responsibility of the applicant to obtain appropriate ABC release, if alcohol is being provided.

Animal Services – (951) 413-3790 – It is the responsibility of the applicant to notify Animal Services of any animals associated with this TUP approval. Planning Division staff will fax a copy of the approved TUP to (951) 656-2662.

Community Enhancement & Neighborhood Services Division – (951) 413-3340

Written Consent Form

Date: _____

TO: CITY OF MORENO VALLEY

I, _____, authorize
(PRINT: Property Owner's Name)

_____ to operate
(PRINT: Tenant's Name)

the business _____,
(PRINT: Name of Business)

at _____, Moreno Valley, California.
(PRINT: Property Address)

FROM:

(PROPERTY OWNER'S SIGNATURE) *

*** WHEN APPLICABLE** - Property Owners' Authorization for Apartment Complexes or Management Companies will require a Business Card with contact information for verification.





Community Development Department
 Building & Safety Division
 14177 Frederick Street
 P.O. Box 88005
 Moreno Valley, CA. 92552- 0805
 (951) 413-3350
 (951) 413-3363 Fax
www.moval.org

BUILDING PERMIT APPLICATION

Permit # _____

• For Permit Information: www.moval.org/simplicity •

STREET ADDRESS: _____ UNIT #: _____

APN: _____ MAJOR CROSS STREETS _____

DESCRIPTION OF WORK:

SQUARE FEET: _____ OR LINEAL FEET (FOR WALLS) _____

PLEASE COMPLETE

TYPE OF PERMIT: <input type="checkbox"/> Commercial / Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Multi-Family		
ELECTRIC SERVICE PROVIDER: <input type="checkbox"/> Southern California Edison (SCE) <input type="checkbox"/> Moreno Valley Utility (MVU)		
FIRE SPRINKLERS: <input type="checkbox"/> Yes <input type="checkbox"/> No	WHAT IS THE PROPERTY SEWAGE SYSTEM? <input type="checkbox"/> Sewer <input type="checkbox"/> Septic	
WHAT IS THE VALUATION OF THE SCOPE OF WORK? \$ _____		

OWNER / TENANT

Name: _____ Business Name: _____
 Office # _____ Mobile # _____ Email _____

APPLICANT / PERMIT RUNNER (Same as: Owner/Tenant * Contractor * Designer)

Business Name: _____ Name of Contact: _____
 Mailing Address: _____ City/State/Zip _____
 Office # _____ Mobile # _____ Email _____

CONTRACTOR Owner-Builder: Yes No

Business Name: _____ Name of Contact: _____
 Mailing Address: _____ City/State/Zip _____
 Office # _____ Mobile # _____ Email _____

Do you have a City Business License? Yes No, If not please contact the Business License Division

State Contractor's License #: _____ Class Type: _____

DESIGNER

Business Name: _____ Name of Contact: _____
 Mailing Address: _____ City/State/Zip _____
 Office # _____ Mobile # _____ Email _____



LAND DEVELOPMENT DIVISION

14177 Frederick Street * P.O. Box 88005 * Moreno Valley, CA 92552-0805
Phone: 951.413.3120 * Fax: 951.413.3158 * www.moval.org * LandDevelopment@moval.org

PERMIT NO.: _____ PROJECT NO.: _____

ENCROACHMENT PERMIT APPLICATION

- TYPE OF CONSTRUCTION: Street / Storm Drain Storm Drain (RCFC) Signing & Striping
 Sewer Sewer & Water Water
 Traffic Signal / Modification Utility Work Order #: _____
 Miscellaneous (please describe and complete information below, if applicable)

I HEREBY APPLY TO EXCAVATE, CONSTRUCT, INSTALL OR OTHERWISE ENCROACH WITHIN EXISTING AND/OR DEDICATED CITY RIGHT-OF-WAY AS FOLLOWS: _____

THIS SECTION REQUIRED FOR MISCELLANEOUS / UTILITY PERMITS ONLY:

SIDEWALK / CURB & GUTTER _____ LF CURB CORE (#) _____ PARKWAY DRAINS (#) _____ DRIVEWAYS (#) _____
EXCAVATION (Crossing) _____ LF EXCAVATION (Parallel) _____ LF NEWSPAPER RACK (#) _____
SMALL BORE POTHOLES (12" diameter max) _____ OTHER POTHOLES (>12" diameter) _____ BORE / SPLICE PITS (#) _____
DURATION OF WORK (NUMBER OF DAYS): _____ NUMBER OF HOURS (IF ONLY 1 DAY): _____
EVENING WORK REQUIRED? YES NO WHEN? _____ HOW MANY HOURS? _____
WEEKEND WORK REQUIRED? YES NO WHEN? _____ HOW MANY HOURS? _____

STREET ADDRESS AND/OR LOCATION OF STREET(S) [i.e. "14177 Frederick Street" or "W/S of Perris Blvd. south of Cactus Ave."]: _____

In consideration of the granting of this application, all applicants (including utility companies) hereby agree to:

1. **At the time of submittal**, include one (1) set of approved construction drawing/exhibit (if applicable) along with the corresponding traffic control plan, which should be provided by one of the following options:
 - a. Typical Application drawing (modified per checklist) for all phases of construction per the latest editions of either the **California Temporary Traffic Control Handbook (CATTCH)** or the **Manual on Uniform Traffic Control Devices (MUTCD)** or the **Work Area Traffic Control Handbook (WATCH)** or the **Field Guide for Temporary Traffic Control (FGTTC)**;
 - b. An engineered site specific plan prepared by a **Registered Engineer** (review fee required);
2. Indemnify, defend and hold harmless the City, Moreno Valley Community Services District ("CSD"), Moreno Valley Housing Authority ("Housing Authority") and each of their officers, officials, employees, agents and volunteers in accordance with the **Indemnification and Hold Harmless Agreement**, which is incorporated into and part of the Encroachment Permit Application and Encroachment Permit, itself.
3. Remove or relocate any encroachment installed or maintained under this permit, upon written notice from the City Engineer.
4. Maintain a copy of the issued permit at the work site and made available to any authorized City representative upon request.
5. Notify the Land Development Division **at least two (2) work days prior to work beginning and upon completion of work**. The applicant, developer, contractor and/or owner will be responsible for the timely request of inspections.

LIABILITY INSURANCE REQUIREMENTS

The applicant, developer, general or subcontractor (with appropriate license) and/or public utility/franchise shall pay for and maintain in full force and effect all insurance as required in **Exhibit "A"** of the **Indemnification and Hold Harmless Agreement**, which is incorporated into and part of the Encroachment Permit Application and Encroachment Permit, itself.

- ✓ Property owners applying as "owner-builder" are exempt as their homeowner's insurance will serve "in-lieu" of this requirement.
- ✓ All listed subcontractors are only required to obtain a valid City business license prior to permit issuance.

*** * * ALL APPLICABLE SECTIONS BELOW MUST BE COMPLETED * * ***

OWNER / DEVELOPER OWNER / BUILDER

CONTACT: _____ COMPANY (if applicable): _____

OFFICE #: _____ MOBILE #: _____ EMAIL: _____

MAILING ADDRESS: _____

STATE CONTRACTOR'S LICENSE #: _____ CLASS: _____ CITY BUSINESS LICENSE #: _____

EMERGENCY CONTACT: _____ MOBILE #: _____ EMAIL: _____

GENERAL CONTRACTOR [CONTRACTOR'S "A" OR CORRESPONDING "C" LICENSE REQUIRED]

CONTACT: _____ COMPANY (if applicable): _____

OFFICE #: _____ MOBILE #: _____ EMAIL: _____

MAILING ADDRESS: _____

STATE CONTRACTOR'S LICENSE #: _____ CLASS: _____ CITY BUSINESS LICENSE #: _____

EMERGENCY CONTACT: _____ MOBILE #: _____ EMAIL: _____

APPLICANT SAME AS: OWNER/DEVELOPER GENERAL CONTRACTOR

CONTACT: _____ COMPANY (if applicable): _____

OFFICE #: _____ MOBILE #: _____ EMAIL: _____

MAILING ADDRESS: _____

BY SIGNING THE INDEMNIFICATION AND HOLD HARMLESS AGREEMENT... I, THE APPLICANT, HEREBY STATE THAT I/WE HAVE READ AND AGREE TO MEET THE CONDITIONS INCLUDED IN THIS APPLICATION AND ACKNOWLEDGE THAT THIS WILL BE MADE A PART OF THE ENCROACHMENT PERMIT.

**INDEMNIFICATION AND HOLD HARMLESS AGREEMENT
FOR ENCROACHMENT PERMIT**

In consideration for the issuance of an Encroachment Permit and to the furthest extent allowed by law, Applicant does hereby agree to indemnify, hold harmless and defend the **City of Moreno Valley (“City”), Moreno Valley Community Services District (“CSD”), Moreno Valley Housing Authority (“Housing Authority”)** and each of their officers, officials, employees, agents and volunteers from any and all loss, liability, fines, penalties, forfeitures, costs and damages (whether in contract, tort or strict liability, including but not limited to personal injury, death at any time and property damage) incurred by City, CSD, Housing Authority, Applicant or any other person, and from any and all claims, demands and actions in law or equity (including attorney's fees and litigation expenses), arising or alleged to have arisen directly or indirectly out of the issuance of the Encroachment Permit or any work permitted thereunder. Applicant’s obligations under the preceding sentence shall apply regardless of whether City or any of its officers, officials, employees, agents or volunteers are passively negligent, but shall not apply to any loss, liability, fines, penalties, forfeitures, costs or damages caused by the active or sole negligence, or the willful misconduct, of City, CSD, Housing Authority or any of their officers, officials, employees, agents or volunteers.

Throughout the life of the Encroachment Permit, Applicant shall pay for and maintain in full force and effect all insurance as required in **“Exhibit A”**, which is incorporated into and part of this Agreement, or as may be authorized or required in writing by City Manager or his/her designee at any time and in his/her sole discretion.

Applicant shall conduct all defenses at his/her/its sole cost. The fact that insurance is obtained by Applicant shall not be deemed to release or diminish the liability of Permittee, including, without limitation, liability assumed under this Agreement. The duty to indemnify shall apply to all claims regardless of whether any insurance policies are applicable. The duty to defend hereunder is wholly independent of and separate from the duty to indemnify and such duty to defend exists regardless of any ultimate liability of Applicant. The policy limits do not act as a limitation upon the amount of defense and/or indemnification to be provided by Applicant. Approval or purchase of any insurance contracts or policies shall in no way relieve from liability nor limit the liability of Applicant, its officials, officers, employees, agents, volunteers or invitees.

City shall be reimbursed for all costs and attorney’s fees incurred by City in enforcing this Agreement.

This **Indemnification and Hold Harmless Agreement** shall survive the expiration or termination of the Encroachment Permit.

The undersigned acknowledges that he/she (i) has read and fully understands the content of this Indemnification and Hold Harmless Agreement; (ii) is aware that this is a contract between the City and Applicant; (iii) has had the opportunity to consult with his/her attorney, in his/her discretion; (iv) is fully aware of the legal consequences of signing this document; and (v) is the Applicant or his/her/its authorized signatory.

SIGNED ON THE FOLLOWING DATE: _____.

SIGNATURE OF APPLICANT *(required)*

PRINT NAME OF APPLICANT

**STANDARD INSURANCE REQUIREMENTS
EXHIBIT "A"**

MINIMUM SCOPE OF INSURANCE

Coverage shall be at least as broad as:

1. The most current version of Insurance Services Office (ISO) Commercial General Liability Coverage Form CG 00 01, which shall include insurance for "bodily injury," "property damage" and "personal and advertising injury" with coverage for premises and operations, products and completed operations, and contractual liability.
2. The most current version of Insurance Service Office (ISO) Business Auto Coverage Form CA 00 01, which shall include coverage for all owned, hired, and non-owned automobiles or other licensed vehicles (Code 1- Any Auto).
3. Workers' Compensation insurance as required by the California Labor Code and Employer's Liability Insurance.
4. Professional Liability (Errors and Omissions) insurance appropriate to Consultant's profession.

MINIMUM LIMITS OF INSURANCE

Consultant shall maintain limits of liability of not less than:

1. **GENERAL LIABILITY:**
\$1,000,000 per occurrence for bodily injury and property damage
\$1,000,000 per occurrence for personal and advertising injury
\$2,000,000 aggregate for products and completed operations
\$2,000,000 general aggregate
2. **AUTOMOBILE LIABILITY:**
\$1,000,000 per accident for bodily injury and property damage
3. **EMPLOYER'S LIABILITY:**
\$1,000,000 each accident for bodily injury
\$1,000,000 disease each employee
\$1,000,000 disease policy limit
4. **PROFESSIONAL LIABILITY (ERRORS AND OMISSIONS):**
\$1,000,000 per claim/occurrence
\$2,000,000 policy aggregate

UMBRELLA OR EXCESS INSURANCE

In the event Consultant purchases an Umbrella or Excess insurance policy(ies) to meet the "Minimum Limits of Insurance," this insurance policy(ies) shall "follow form" and afford no less coverage than the primary insurance policy(ies).

DEDUCTIBLES AND SELF-INSURED RETENTIONS

Consultant shall be responsible for payment of any deductibles contained in any insurance policy(ies) required hereunder and Consultant shall also be responsible for payment of any self-insured retentions. Any deductibles or self-insured retentions must be declared to, and approved by, the City Manager or his/her designee. At the option of the City Manager or his/her designee, either (i) the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects City, CSD, Housing Authority and each of their officers, officials, employees, agents and volunteers; or (ii) Consultant shall provide a financial guarantee, satisfactory to the City Manager or his/her designee, guaranteeing payment of losses and related investigations, claim administration and defense expenses. At no time shall City be responsible for the payment of any deductibles or self-insured retentions.

**STANDARD INSURANCE REQUIREMENTS
EXHIBIT "A" (CONTINUED)**

OTHER INSURANCE PROVISIONS

The General Liability and Automobile Liability insurance policies are to contain, or be endorsed to contain, the following provisions:

1. City, CSD, Housing Authority and each of their officers, officials, employees, agents and volunteers are to be covered as additional insureds.
2. The coverage shall contain no special limitations on the scope of protection afforded to City, CSD, Housing Authority and each of their officers, officials, employees, agents and volunteers.
3. Consultant's insurance coverage shall be primary and no contribution shall be required of City.

The Workers' Compensation insurance policy is to contain, or be endorsed to contain, the following provision: Consultant and its insurer shall waive any right of subrogation against City, CSD, Housing Authority and each of their officers, officials, employees, agents and volunteers.

If the Professional Liability (Errors and Omissions) insurance policy is written on a claims-made form:

1. The retroactive date must be shown, and must be before the effective date of the Agreement or the commencement of work by Consultant.
2. Insurance must be maintained and evidence of insurance must be provided for at least 3 years after any expiration or termination of the Agreement or, in the alternative, the policy shall be endorsed to provide not less than a 3-year discovery period.
3. If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a retroactive date prior to the effective date of the Agreement or the commencement of work by Consultant, Consultant must purchase extended reporting coverage for a minimum of 3 years following the expiration or termination of the Agreement.
4. A copy of the claims reporting requirements must be submitted to City for review.
5. These requirements shall survive expiration or termination of the Agreement.

All policies of insurance required hereunder shall be endorsed to provide that the coverage shall not be cancelled, non-renewed, reduced in coverage or in limits except after 30 calendar day written notice by certified mail, return receipt requested, has been given to City. Upon issuance by the insurer, broker, or agent of a notice of cancellation, non-renewal, or reduction in coverage or in limits, Consultant shall furnish City with a new certificate and applicable endorsements for such policy(ies). In the event any policy is due to expire during the work to be performed for City, Consultant shall provide a new certificate, and applicable endorsements, evidencing renewal of such policy not less than 15 calendar days prior to the expiration date of the expiring policy.

ACCEPTABILITY OF INSURERS

All policies of insurance required hereunder shall be placed with an insurance company(ies) admitted by the California Insurance Commissioner to do business in the State of California and rated not less than "A-VII" in Best's Insurance Rating Guide; or authorized by the City Manager or his/her designee.

VERIFICATION OF COVERAGE

Consultant shall furnish City with all certificate(s) and **applicable endorsements** effecting coverage required hereunder. All certificates and **applicable endorsements** are to be received and approved by the City Manager or his/her designee prior to City's execution of the Agreement and before work commences.

ENCROACHMENT PERMIT

LIST OF SUBCONTRACTORS

[A VALID CITY BUSINESS LICENSE IS REQUIRED FOR EACH]

Business Name:		Type of Work:
Contact Name:	Mobile #:	Email:
State Contractor's License #:	Class:	City Business License #:
Business Name:		Type of Work:
Contact Name:	Mobile #:	Email:
State Contractor's License #:	Class:	City Business License #:
Business Name:		Type of Work:
Contact Name:	Mobile #:	Email:
State Contractor's License #:	Class:	City Business License #:
Business Name:		Type of Work:
Contact Name:	Mobile #:	Email:
State Contractor's License #:	Class:	City Business License #:
Business Name:		Type of Work:
Contact Name:	Mobile #:	Email:
State Contractor's License #:	Class:	City Business License #:
Business Name:		Type of Work:
Contact Name:	Mobile #:	Email:
State Contractor's License #:	Class:	City Business License #:
Business Name:		Type of Work:
Contact Name:	Mobile #:	Email:
State Contractor's License #:	Class:	City Business License #:
Business Name:		Type of Work:
Contact Name:	Mobile #:	Email:
State Contractor's License #:	Class:	City Business License #:
Business Name:		Type of Work:
Contact Name:	Mobile #:	Email:
State Contractor's License #:	Class:	City Business License #:
Business Name:		Type of Work:
Contact Name:	Mobile #:	Email:
State Contractor's License #:	Class:	City Business License #:
Business Name:		Type of Work:
Contact Name:	Mobile #:	Email:
State Contractor's License #:	Class:	City Business License #:
Business Name:		Type of Work:
Contact Name:	Mobile #:	Email:
State Contractor's License #:	Class:	City Business License #:
Business Name:		Type of Work:
Contact Name:	Mobile #:	Email:
State Contractor's License #:	Class:	City Business License #:
Business Name:		Type of Work:
Contact Name:	Mobile #:	Email:
State Contractor's License #:	Class:	City Business License #:



City of Moreno Valley Police Department

22850 Calle San Juan de Los Lagos

Moreno Valley, CA 92553

Phone: (951) 486-6700

FAX: (951) 486-6750

EMERGENCY CONTACT INFORMATION

In the event of an emergency at your place of business, we will contact you and have you respond.

DATE: _____

Business Name: _____ Business Phone: _____

Address: _____

Cross Street: _____ Alarm: Yes No Audible Silent Both

Alarm Co. Name: _____ Alarm Co. Phone: _____

Alarm Co. Address: _____

Emergency Contact:

1. _____ Title: _____ Phone: _____

2. _____ Title: _____ Phone: _____

3. _____ Title: _____ Phone: _____

Type of Business: Commercial Building Home Occupation Peddler/Solicitor

Other _____

Hazards/Special Instructions:

-OFFICE USE ONLY -

Beat _____ Reporting Dist. _____ Date _____ By _____



**CITY OF MORENO VALLEY - FIRE PREVENTION BUREAU
APPLICATION FOR FIRE REVIEW**

F _____ - _____

PROJECT ADDRESS:	BLDG/SUITE:	ZIP:
PROJECT / BUSINESS NAME:		
PROJECT LOCATION (i.e. closest major cross streets):		
ASSESSOR'S PARCEL NUMBER(S): - -	SUBMITTAL DATE: / /	

REVIEW TYPE (CHECK ALL THAT APPLY)	
ALARM New <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Alternate Methods & Materials <input type="checkbox"/>	<input type="checkbox"/> SPRINKLER MONITOR ONLY <input type="checkbox"/> FIRE ALARM SYSTEM _____ # OF DEVICES (INITIATING & NOTIFICATION)
SPRINKLER New <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Alternate Methods & Materials <input type="checkbox"/>	** IF MULTIPLE SYSTEMS, LIST SYSTEM # AND TOTAL # OF HEADS FOR EACH SYSTEM ON SEPARATE SHEET. _____ # OF RISERS _____ # OF SPRINKLER HEADS <input type="checkbox"/> NFPA 13 (Commercial) <input type="checkbox"/> ESFR (Commercial) <input type="checkbox"/> NFPA 13D (Residential) <input type="checkbox"/> NFPA 13R (Residential)
WATER SYSTEM New <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Alternate Methods & Materials <input type="checkbox"/>	<input type="checkbox"/> UNDERGROUND SYSTEM _____ # OF RISERS _____ # OF HYDRANTS <input type="checkbox"/> FIRE PUMP <input type="checkbox"/> TEMPORARY ABOVEGROUND SYSTEM <input type="checkbox"/> EMERGENCY UNDERGROUND REPAIR <input type="checkbox"/> STANDPIPES / HOSE VALVES
PROTECTION SYSTEMS New <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Alternate Methods & Materials <input type="checkbox"/>	<input type="checkbox"/> HOOD/DUCT SUPPRESSION (e.g.. Ansul System, PyroChem System) <input type="checkbox"/> SPECIAL EXTINGUISHING (e.g. foam/liquid, FM200, CO ² , Dry Chemical) <input type="checkbox"/> SMOKE CONTROL SYSTEM
OTHER SYSTEMS New <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Alternate Methods & Materials <input type="checkbox"/>	<input type="checkbox"/> REFRIGERATION SYSTEM <input type="checkbox"/> SPRAY BOOTHS _____ # OF BOOTHS <input type="checkbox"/> BATTERY SYSTEM <input type="checkbox"/> DUST COLLECTION SYSTEM <input type="checkbox"/> INDUSTRIAL OVENS _____ # OF OVENS <input type="checkbox"/> EMERGENCY RESPONDER RADIO COVERAGE <input type="checkbox"/> GAS SYSTEMS (e.g. medical, industrial)
HAZMAT SYSTEMS New <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Alternate Methods & Materials <input type="checkbox"/>	<input type="checkbox"/> ABOVEGROUND STORAGE TANK <input type="checkbox"/> INSTALL <input type="checkbox"/> REMOVAL _____ # OF TANKS <input type="checkbox"/> UNDERGROUND STORAGE TANK <input type="checkbox"/> INSTALL <input type="checkbox"/> REMOVAL _____ # OF TANKS <input type="checkbox"/> CHEMICAL CLASSIFICATION REVIEW <input type="checkbox"/> ALTERATIONS TO GAS STATIONS (e.g. vapor recovery, dispenser changes, anything other than tanks)
HIGH PILE / SOLID PILE New <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Alternate Methods & Materials <input type="checkbox"/>	TOTAL SQUARE FOOTAGE OF STORAGE (including aisleways) _____
ACCESS & WATER New <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Alternate Methods & Materials <input type="checkbox"/>	<input type="checkbox"/> PERMANENT EMERGENCY SITE ACCESS & WATER SUPPLY <input type="checkbox"/> TEMPORARY FIRE ACCESS & WATER SUPPLY <input type="checkbox"/> FUEL MODIFICATION
SPECIAL EVENT or OTHER INSPECTION	<input type="checkbox"/> DESCRIBE EVENT/INSPECTION (INCLUDING DATES):

CONTACT INFORMATION			
	OWNER PROPERTY <input type="checkbox"/> BUSINESS <input type="checkbox"/>	APPLICANT (Company submitting to Fire Dept.)	CONTRACTOR (Check here if same as APPLICANT <input type="checkbox"/>)
BUSINESS:			
CONTACT:			
ADDRESS LINE 1:			
ADDRESS LINE 2:			
CITY:			
STATE:	ZIP:	ZIP:	ZIP:
OFFICE PHONE: ()		()	()
FAX: ()		()	()
CELL: ()		()	()
EMAIL:			
CONTRACTOR STATE LICENSE #:	CONTRACTOR CITY BUSINESS LICENSE #:		

OWNER / APPLICANT SIGNATURE:	DATE:
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*** See the back of sheet for additional information on submittal requirements & information ***



CITY OF MORENO VALLEY - FIRE PREVENTION BUREAU FIRE PLAN REVIEW APPLICATION INSTRUCTIONS

The following information is a general guideline on submittals to Moreno Valley Fire Prevention. If you have any additional questions, please contact the Moreno Valley Fire Prevention Bureau at 951.413.3370.

Guidelines, informational memos and forms are located on the City website:

http://www.moreno-valley.ca.us/city_hall/departments/fire/fire-prevention.shtml

Also see the "Developer Help Desk" on the City's main website: www.moval.org.

For questions about fees please review the City fee schedule (Section 5 – Fire):

http://www.moreno-valley.ca.us/city_hall/departments/fin-man-serv/treasury.shtml

This plan review application must be accompanied with the minimum documentation based on the project categories:

Fire Alarm (Sprinkler Monitoring System or Full Audible/Visual System):

Submit 3 sets of plans, 3 sets of cut sheets, and 3 sets of CSFM U.L. Listing Service Sheets with the application. The plans must have the MVFD notes from the "Fire Sprinkler Monitoring Systems – Installation of Interior Audible & Visual Devices Guideline" verbatim. Blue-lining the sheet onto plans is acceptable. Stapling or taping a copy of the sheet to the plans is NOT acceptable. Both forms can be found on the City's website (see links above).

Fire Sprinkler System (Residential and Commercial):

Submit 3 sets of plans, 3 sets of cut sheets, 3 sets of hydraulic calculations with the application. The plans must have the appropriate MVFD notes for "NFPA 13/13D/13R Fire Sprinkler Notes" on the plans verbatim. Blue-lining the sheet onto the plans is acceptable. Stapling or taping a copy of the sheet to the plans is NOT acceptable. The forms are on the City's website (see above links). ***For new Sprinkler Systems:*** A copy of the approved underground system shall also be submitted with the sprinkler plans. Those sheets shall be labeled as "reference," unless the submittal is for both underground system and sprinkler system (same contractor). The current fire flow verification letter from the appropriate water purveyor shall also be included.

Water Systems:

Submit 3 sets of plans, referencing the prior approved precise grading and/or water/sewer plans. Verify that the installation will comply with NFPA 24, as amended by Chapter 80 of the Fire Code. The current fire flow verification letter from the appropriate water purveyor shall also be included.

Protection System / Other System / Hazmat System:

Submit 3 sets of plans and applicable documentation (e.g. manuals, manufacturer specifications). For certain exterior system installations (e.g. healy tanks, carbon canister systems, generators, and tanks), plans need to be submitted to the Planning Division prior to Fire Prevention Bureau review. Please call Planning for more information at 951.413.2306.

High Pile / Solid Pile:

If Solid Pile, submit 3 sets of plans to Fire Prevention only. If High Pile is submitted and the applicant is also submitting structural plans to Building & Safety Dept. then Fire Prevention needs only one set. If High Pile is submitted and the applicant is different than the applicant for the Building & Safety Dept., then Fire Prevention needs 3 sets (2 will be attached to Building & Safety's approved sets to make a complete field set of plans).

Access & Water:

Submit 3 sets of plans showing the site/fire access layout (e.g. gates, topography, vegetation, etc.). If the sheets are identical to Building & Safety's architectural review, then Fire Prevention only needs one set. If the sheets are slightly different than the site sheets in the architectural plans, then Fire Prevention will need 3 sets.

Special Event or Other Inspection:

This type of review and/or permit of special events or activities that will be conducted on a short term basis. A Temporary Use Permit (TUP) will typically start with the Planning Division. Please contact Planning at 951.413.3206 regarding the forms/packet to start that process. A fully dimensioned site plan will be required, along with the requirements listed on the TUP packet provided by Planning. Any other inspections will need a description on the application and 2 sets of plans/documentation submitted.



CITY OF MORENO VALLEY

14177 Frederick Street • P.O. Box 88005 • Moreno Valley, CA 92552-0805
Phone: 951.413.3080 • Fax 951.413.3096

Please Check One

- New Application
- Change of Address
- Change of Business Name

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY:

Business Name _____

Business Location _____
(No P. O. Box)

City _____ State _____ Zip _____

Mailing Address _____
(If Different)

City _____ State _____ Zip _____

Health Permit No. _____

Bus. Phone () _____ **Bus. Fax** () _____

Cell No. () _____

E-Mail Address _____

No. of Employees _____ (F/T) _____ (P/T)

Ownership: Corporation Ltd. Liability Corp. Partnership Sole Proprietor Trust

Date business started: _____	Description of Business: _____
-------------------------------------	---------------------------------------

State Lic. No. _____ **License Type** _____ **Expiration Date** _____

Resale No. _____ **Federal I.D. No.** _____ **State I.D. No.** _____

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary

Corporate or Owner Name _____ **Title** _____ **Phone** () _____

Home Address _____ **Cell Phone** () _____

City _____ **State** _____ **Zip** _____

Social Security No. _____ **Driver's License No.** _____ **Date of Birth** _____

Corporate or Owner Name _____ **Title** _____ **Phone** () _____

Home Address _____ **Cell Phone** () _____

City _____ **State** _____ **Zip** _____

Social Security No. _____ **Driver's License No.** _____ **Date of Birth** _____

EMERGENCY CONTACT:

Name _____ **Title** _____ **Phone** () _____

Address _____ **Cell Phone** () _____

If your surname is not included in the name of your business, you will need proof of a fictitious name registration and publishing or articles of incorporation.

If your business requires a resale number or any type of license or permit, you will need to provide documentation that you have completed these required actions.

All of the above requirements must be completed before processing of the business license application can be initiated.

All businesses are subject to audit.

CALCULATE GROSS RECEIPTS TAX: Office Use Only

(1) Enter current year's Gross Receipts \$ _____

(2) Gross Receipts Tax Rate \$ _____

(3) Gross Receipts Tax Due \$ _____
(TOTAL of line 1 x line 2)

CALCULATE TOTAL OF FEES AND TAX DUE:

Required Processing Fee \$ **61.00**

Gross Receipts Tax Due \$ _____
(ENTER AMOUNT FROM LINE 3 ABOVE;
IF LINE 3 ABOVE IS \$99.99 OR LESS, ENTER ZERO)

No. of business vehicles _____ x \$6.00 \$ _____

*Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx, the Department of Rehabilitation at www.rehab.cahtwnet.gov, The California Commission on Disability Access at www.cdda.ca.gov

TOTAL AMOUNT DUE \$ _____

I hereby certify, under penalty of perjury, that the information in this application is true, correct, and complete to the best of my knowledge and belief. I agree to comply with all applicable laws and ordinances regulating the operation of this business.

Signature of Owner or Representative: _____ **Date:** _____

For Office Use Only

Order of Approval	Department	Date	Permit # Home Occ # Encroach #, etc.	Expires	Approved By
	Planning				
	Building				
	Police				
	Health				
	Fire				
	Fictitious Name				
	Proof of Publication				
	Articles of Incorporation ID #				

Comments: