



**CITY OF COMMERCE  
COMMUNITY DEVELOPMENT DEPARTMENT  
PLANNING DIVISION**

**SPECIAL USE PERMIT**

PERMIT NO. \_\_\_\_\_

APPLICATION FEE: \_\_\_\_\_

An application for a Special Use Permit shall be submitted no less than 21 days prior to the date of the event to ensure adequate review of the application. Pursuant to Section of 19.39.770 of the Commerce Municipal Code, the Planning Commission shall review each Special Use Permit application and act to approve, conditionally approve, or deny an application. Special Use Permits are acceptable for a period of four (4) or more days, but not exceeding thirty (30) days in any calendar year. If you have any questions while completing this application, please ask a member of the Planning Department for assistance. In order for the City to process a Special Use Permit Application, the application fee must be submitted with the completed application. For recurring events, a schedule must be submitted every 3 months. **ALSO, A DETAILED SITE PLAN MUST BE SUBMITTED WITH THE APPLICATION.** Incomplete applications will not be accepted or may delay the process.

**NOTE:** The Special Use Permit application is also available at the following website address: <http://www.ci.commerce.ca.us/newpages/planningformsapplications.asp>

**CHECK TYPE OF USE OR EVENT**

- |   |   |
|---|---|
| <input type="checkbox"/> Carnival/Circus      | <input type="checkbox"/> Block Party                              |
| <input type="checkbox"/> Festival             | <input type="checkbox"/> Special Shows (vehicle display/auctions) |
| <input type="checkbox"/> Car Sales, temporary | <input type="checkbox"/> Extension of Hours                       |
| <input type="checkbox"/> Parade/Race/Marathon | <input type="checkbox"/> Other: _____                             |

**DESCRIPTION OF USE OR EVENT**

Location: \_\_\_\_\_

Date(s) of Event: \_\_\_/\_\_\_/\_\_\_ through: \_\_\_/\_\_\_/\_\_\_

Hours of Event: Start: \_\_\_:\_\_\_ am/pm through \_\_\_:\_\_\_ am/pm

Anticipated attendees:  1-50       51-100       101-500       501-1,000       over 1,000

Will food be prepared or served:       Yes  No (If yes, contact the Health Department)

Will alcohol be served:       Yes  No (If yes, contact ABC for licensing permits.)

Will you be having vendors:       Yes  No (If yes, contact Business License.)

Will you be having raffle prizes:       Yes  No (If Yes, contact Business License.)

Will there be live entertainment:      Yes  No

Recurring Event:  Yes  No

If yes, provide a description of the live entertainment.

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Will there be a stage:      Yes  No (If yes, provide a detailed drawing that shows the dimensions and height of the stage.)

**For the following, please use an attached sheet of paper to complete the responses (if necessary).**

Will there be loud speakers or amplification:  Yes  No

Will streets or driveways be temporarily closed:  Yes  No (**If yes, provide detail on your Site Plan**)

What kinds of temporary structures will be used and how will they be constructed and fastened to the ground?

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#### **SUBMITTAL REQUIREMENTS:**

- Application Fee: \$75.00.
- Provide 2 copies of Site Plan on 8 ½ x 11.
  - Please show location of the event, including buildings, temporary improvements, portable restrooms, vendor locations, parking areas and driveways.
  - Show any street closures on your Site Plan.
  - Show the location of any lighting, generators, and/or restrooms on the Site Plan.
- Non-Profit License if applicable. (**Contact Business License for further information.**)
- Signed documentation from the property owner agreeing to the use, as specified in this application.
- If event is on City property or public right-of-way, provide insurance policy or policies naming the City and Redevelopment Agency, its officers, agents and employees as additional insured, issued by a company satisfactory to the City Attorney, and in an amount determined to be adequate for the risks involved in the activity, as determined by the Community Development Director.
- Proof of Insurance for \$1,000,000 for Liability.
- Provision of ABC License, Building Permits and/or Resale Permits. All Los Angeles County Health Department requirements must be satisfied.
- Provision of any other Business Licenses, Permits required by City, State, or Federal Governments. Signage Plan for street closures and directions to the event.
- Refuse Plan.
- A quarterly schedule needs to be approved by the City for recurring events. This includes dates, times, and entertainers.

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#### **ADDITIONAL INFORMATION**

Provide any necessary general information regarding event or any special needs for the event (attach additional sheets if necessary).

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**APPLICANT**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Company: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PROPERTY OWNER**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Company: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**OTHER PARTIES**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Company: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**EMERGENCY CONTACT**

(Contact person should there be an emergency during the event)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Company: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**I/we certify (or declare under penalty of perjury under the laws of the State of California) that the foregoing is true and correct.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Date Submitted: \_\_\_\_\_ Received by: \_\_\_\_\_

Filing Fee: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

CITY OF COMMERCE  
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**FEE SCHEDULE**

(RESOLUTION NO. 09-4)  
 (EFFECTIVE 02-03-09)

General Plan Amendment	\$1,000
Zone Change	\$1,000
Zoning Ordinance Amendment	\$1,000
Zoning Clearance Fee	\$100
<b>SUBDIVISIONS</b>	
Parcel Map (4 or less lots)	\$2,000
Tract Map (5 or more lots)	\$2,000
Lot Line Adjustment	\$750-Commercial \$500-Residential
Lot Combination	\$0
<b>SITE PLAN REVIEW</b>	
Non-residential	\$750
Residential	\$250
<b>CONDITIONAL USE PERMIT</b>	
ABC and Temporary Trailer	\$1000
<b>CONDITIONAL USE PERMIT MODIFICATION</b>	
	\$1000
<b>VARIANCE</b>	
Non-residential	\$1000
Residential	\$500
Additional Variances	\$100
<b>MODIFICATION OF STANDARDS</b>	
Non-residential	\$250
Residential	\$150
<b>HOME OCCUPATION PERMIT</b>	
	\$100
<b>SIGN PERMIT FEE</b>	
	\$25-Temporary Sign \$50-Sign Permit
<b>TEMPORARY USE PERMIT</b>	
	\$75
<b>SPECIAL USE PERMIT</b>	
	\$75
<b>TIME EXTENSIONS</b>	
	\$200
<b>APPEALS OF PLANNING COMMISSION DECISION</b>	
Non-residential	Cost of Application
Residential	Cost of Application
<b>STREET OR ALLEY VACATION</b>	
	\$1000
<b>RELOCATION OF STRUCTURE</b>	
	\$500
<b>ENVIRONMENTAL REVIEW</b>	
EIR Review	If Services Agreement is required, Consultant's Cost Plus 20%. If not,

CITY OF COMMERCE  
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**FEE SCHEDULE**

	\$750
Categorical Exemption	\$250
Negative Declaration	If Services Agreement is required, Consultant's Cost Plus 20%. If not, \$500
Mitigated Negative Declaration	If Services Agreement is required, Consultant's Cost Plus 20%. If not, \$500
<b>ZONING VERIFICATION LETTER</b>	\$100 (per parcel)
<b>ZONING MAPS (Small)</b>	\$5
<b>ZONING MAPS (Large)</b>	\$25

EFFECTIVE 02-03-09  
 NOTICE OF DETERMINATION (DFG-DEPARMENT OF FISH AND GAME)  
 (STATE MANDATE)

ENVIRONMENTAL IMPACT REPORT (prepared)	\$850
(Document Handling Fee)	\$25
Negative Declaration (prepared)	\$1250
(Document Handling Fee)	\$25