



City of Santa Clarita
Community Development
Planning Division
23920 Valencia Boulevard, Suite 140
Santa Clarita, CA 91355

Official Use Only

OTC # _____

Outdoor Dining Application

Within City Right-of-Way
Old Town Newhall Specific Plan Area

A. BUSINESS AND APPLICANT INFORMATION

Applicant Name: _____ Business Name: _____
Business Address: _____ Assessor's Parcel Number (APN): _____
Phone: _____ Email: _____

B. PROPERTY OWNER(S) STATEMENT

I/we declare that I/we are the owner(s) of the property described herein and hereby give authorization for the filing of this application. I/we do, by my/our signature(s) on this agreement, absolve the City of Santa Clarita of all liabilities regarding any deed restrictions that may be applicable to the property described herein. I/we hereby grant the City admittance to the subject property as necessary for processing of the project application. I/we declare under penalty of perjury that the foregoing statements and answers herein contained, and the information herewith submitted, are in all respect true and correct to the best of my knowledge and belief.

Property Owner Information

Name(s): _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____ Email: _____

Property Owner Signature

Date

C. APPLICATION SUBMITTAL REQUIREMENTS

An example of these submittal documents can be found on the Planning Division website.

- | | |
|--|--|
| <input type="checkbox"/> Site Plan & Project Description | <input checked="" type="checkbox"/> <u>License Agreement</u> |
| <input type="checkbox"/> W-9 Form | (to be completed via DocuSign) |
| <input type="checkbox"/> Insurance Documents | <input checked="" type="checkbox"/> No Fees Required |
- (refer to Section E for information)

D. OUTDOOR DINING REQUIREMENTS

All approved outdoor dining shall comply with the requirements set forth in Section 4.7 (Outdoor Dining Guidelines) of the Old Town Newhall Specific Plan. These requirements include but are not limited to:

1. The following minimum setbacks shall be maintained at all times:
 - a. 5’ min. width unobstructed pedestrian path of travel;
 - b. 4’ min. setback from driveways;
 - c. 8’ min. setback from pedestrian ramps at corners; and,
 - d. 2’ min. setback from any legally required building entrance or exit.
2. All planters or pots shall be a min. height of 2’ and max. height of 4’.
3. Dining areas shall not block safe access to businesses, parking spaces, bike stalls, or other public spaces.
4. Chairs and tables shall not extend into the required accessible walkway at any time.
5. Tables and chairs shall not be affixed to the sidewalk or any portion of the right-of-way.
6. All furniture will be required to be removed in the case of any maintenance or repairs conducted by the City.
7. Dining areas and furniture shall not cover, obstruct, or damage any portion of the Walk of Western Stars or other public amenities.
8. Freestanding and A-frame signs located on the public right-of-way shall require a separate permit.

E. INSURANCE REQUIREMENTS

The City of Santa Clarita requires the following insurance documents for all Outdoor Dining permits:

1. Certificate of Insurance including policy numbers, effective dates, and policy limits (combined single limit of \$5,000,000 per occurrence)
2. General liability endorsement with the City of Santa Clarita named as an additional insured
3. Proof of liquor liability coverage (if business serves alcohol)
4. Proof of workers compensation coverage and waiver of subrogation for the policy

F. EXPIRATION AND RENEWAL

This approval will automatically expire with the provided insurance certificates. The applicant shall provide updated insurance documents 30 days prior to expiration. Failure to provide this documentation will result in the revocation of the Outdoor Dining permit.

Failure to comply with the requirements of this approval may result in revocation of this approval or denial of future applications.

G. APPLICANT STATEMENT

I declare under penalty of perjury that all information included in this application is true and correct, and that I have completed the above referenced application to the best of my ability.

Property Owner/Applicant Signature

Date

For Official Use Only

Approved By: _____ Date: _____

Notes: _____

- OTC Created LMD, ENG & ED Notified Risk Contract Processed Site Inspected