



**COMMUNITY DEVELOPMENT RESOURCE AGENCY**  
**Planning Services Division**

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## TEMPORARY OUTDOOR EVENT QUESTIONNAIRE

**An application for a Temporary Outdoor Event must be filed 45 days prior to the proposed event. The application must be accompanied by written responses to the questionnaire below.**

### **FOR AGRICULTURAL-RELATED EVENTS ONLY**

Once the Temporary Outdoor Event (TOE) application has been completed, it should be taken to the Agricultural Commissioner's office for their review/signature. Afterwards, the application can be submitted to the Planning Division with the required information (Attachment A).

#### Agricultural Commissioner Verification of Fee Exempt Agricultural Promotional Event

The Agricultural Commissioner has determined that the proposed Temporary Event is for the purpose of promoting agriculture or is related to agricultural operations in the County. Pursuant to County Code Section 2.116.050(D), the proposed event qualifies for a permit "fee waiver" for this application.

\_\_\_\_\_  
Placer County Agricultural Commissioner

\_\_\_\_\_  
Date

### **ALL APPLICATIONS - PLEASE PROVIDE THE FOLLOWING INFORMATION**

| Applicant/Owner Information                                          |
|----------------------------------------------------------------------|
| Name of Event:                                                       |
| Property Owner/Applicant:                                            |
| Mailing Address:                                                     |
| Telephone Number:                                                    |
| Email Address:                                                       |
| Taxes Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Event Location Information   |              |
|------------------------------|--------------|
| Assessor's Parcel Number(s): | Parcel Size: |
| Location and Date of Event:  |              |
| Event Hours:                 |              |
| Number of attendees per day: |              |

|                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------|
| Maximum number of people expected at any given time:                                                                          |
| Will alcohol be served?: <input type="checkbox"/> Yes <input type="checkbox"/> No                                             |
| If Yes, provide information pertaining to licensing requirements of the State Department of Alcoholic Beverage Control below: |
|                                                                                                                               |
| Description of Event:                                                                                                         |
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| <b>Event Parking and Traffic Control</b>                                                                                             |
| Does the proposed event front on a County road or State Highway: <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| If yes, what is the name of the road:                                                                                                |
| Describe parking accommodations for event participants below:                                                                        |
|                                                                                                                                      |
| Will any mass transit traffic result from the event (i.e. buses, shuttles): <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe type and volume below and show proposed transit stop locations on site plan:                                        |
|                                                                                                                                      |
| What are the expected peak hours of traffic to be caused by the event:                                                               |
| Is on or off-site traffic control proposed for the event: <input type="checkbox"/> Yes <input type="checkbox"/> No                   |
| If yes, please describe:                                                                                                             |
|                                                                                                                                      |
|                                                                                                                                      |
|                                                                                                                                      |

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|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Environmental Health Services</b>                                                                                           |
| Are spectators or participants remaining overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No                   |
| If yes, describe accommodations below:                                                                                         |
|                                                                                                                                |
| What types of solid waste (garbage) will be produced during the event? Describe quantity and how it will be disposed of below: |
|                                                                                                                                |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| Describe the proposed source/type of drinking water for the public:                                     |
| Are food facilities associated with the event: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please describe below:                                                                          |
|                                                                                                         |
| Describe location, number and type of restroom facilities for the event below:                          |
|                                                                                                         |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Event Noise</b>                                                                                                                                                            |
| Will there be live music at the event: <input type="checkbox"/> Yes <input type="checkbox"/> No ( <b>NOTE:</b> Music must comply with Article 9.36 of the Placer County Code) |
| If yes, Will the music be amplified : <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                |
| Will the music be indoors or outdoors:                                                                                                                                        |
| During what hours will the music occur:                                                                                                                                       |
| Will there be any other amplification of sound: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                      |
| If yes, please explain:                                                                                                                                                       |
| What is the expected noise levels at the nearest residential and/or property lines:                                                                                           |

|                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Grading, Fire Safety and Air Pollution</b>                                                                                                                                        |
| Will there be any site grading or gravel, soil, etc. imported to or exported from the site related to the event:<br><input type="checkbox"/> Yes <input type="checkbox"/> No         |
| If yes, how many cubic yards of material will be imported or exported:                                                                                                               |
| Describe material sources or disposal sites, transport methods and haul routes below:                                                                                                |
|                                                                                                                                                                                      |
| How distant are the nearest fire protection facilities:                                                                                                                              |
| Is any stationary equipment classified as 50 horsepower or greater being used for event: <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| What is the nearest emergency source of water for fire protection purposes? Describe the source and location:                                                                        |
|                                                                                                                                                                                      |
| If yes, contact the Air Pollution Control District at (530) 745-2330, located at 110 Maple St. Auburn, CA 95603 for information pertaining to stationary source permit requirements. |