



County of San Diego - Land Use & Environment Group
Department of Public Works

APPLICATION FOR SPECIAL EVENT PERMIT

NOTE: This permit is valid only on County of San Diego maintained roads. This does not include roads under the jurisdiction of Caltrans, and; does not include required permits/licensing by either the San Diego County Sheriff or the Department of Environmental Health; it is the applicant's responsibility to contact these other agencies and obtain their approvals as applicable.

*** SPECIAL NOTICE TO SAN DIEGO COUNTY DPW SPECIAL EVENT PERMITS ***

San Diego County roads are subject to any **EMERGENCY SITUATION**. As such, please be prepared for the possibility that any permitted Special Event may be cancelled and directed to cease activities in the public roadway with little or no notice. Notice can be provided from any representative of the Department of Public Works, Fire Agency, California Highway Patrol (CHP) and/or San Diego County Sheriff. Any comments or questions please call 858-694-3866.

PART 1 EVENT INFORMATION

Name of Event: _____

Event location/address: _____ Community: _____

Day & Date of Event: _____

*Description of road impact (*ex. road closure, installing traffic control devices, athletic event route – specify if participants are following Rules of the Road, temporary lift of parking restriction; list limits of County road(s) impacted*):

Hours of impact to County road(s): _____

Estimated number of participants/staff: _____

TRAFFIC CONTROL:

Traffic control main contact: _____ Email: _____ Phone #: _____

Traffic control staffing by (*CHP, Sheriff, Traffic Control Contractor, specify other*):

Source of traffic control devices (*borrow from County or provided by Traffic control contractor*):

***If event has road closure or is installing traffic control devices, traffic control plans must be submitted with application**

PART 2 APPLICANT INFORMATION

Special Events conducted within the San Diego County road right-of-way shall be operated and/or sponsored by a nonprofit organization. The Special Event is not being held for the sole purpose of advertising any product goods, wares, merchandise or an event designed for private profit; and that it primarily benefits the nonprofit sponsor and the local community.

NON-PROFIT SPONSOR/APPLICANT: _____

CA Nonprofit Entity #: _____

Authorized officer(s) who is/are authorized to sign contracts for the non-profit sponsor/applicant.

Authorized Officer: _____ Email: _____

Phone#: _____ Office: _____ Cell: _____

Mailing Address: _____ City/State/Zip: _____

Authorized Officer: _____ Email: _____

Phone#: _____ Office: _____ Cell: _____

Mailing Address: _____ City/State/Zip: _____

INSURANCE FOR NON-PROFIT SPONSOR/APPLICANT:

Company Name: _____

Mailing Address: _____ City/State/Zip: _____

Agent's Name: _____ Email: _____

Phone#: _____

Policy #: _____ Expiration Date: _____

Please attach Certificate of Insurance AND Additional Insurance endorsement (CG 2012 or CG 2026).

PRIMARY EVENT CONTACT:

Contact Name: _____ Email: _____

Phone#: _____ Office: _____ Cell: _____

EVENT OPERATOR (if different from sponsor/applicant):

Company Name: _____

Contact Name: _____ Email: _____

Phone#: _____ Office: _____ Cell: _____

Mailing Address: _____ City/State/Zip: _____

INSURANCE FOR EVENT OPERATOR:

Company Name: _____

Mailing Address: _____ City/State/Zip: _____

Agent's Name: _____ Email: _____

Phone#: _____

Policy #: _____ Expiration Date: _____

Please attach Certificate of Insurance AND Additional Insurance endorsement (CG 2012 or CG 2026).

TRAFFIC CONTROL CONTRACTOR (if applicable):

Company Name: _____
Contact Name: _____ Email: _____
Phone#: _____ Office: _____ Cell: _____
Mailing Address: _____ City/State/Zip: _____

INSURANCE FOR TRAFFIC CONTROL CONTRACTOR:

Company Name: _____
Mailing Address: _____ City/State/Zip: _____
Agent's Name: _____ Email: _____
Phone#: _____
Policy #: _____ Expiration Date: _____

Please attach Certificate of Insurance AND Additional Insurance endorsement (CG 2012 or CG 2026).

EMERGENCY MEDICAL SERVICES PLAN (describe event procedures/resources in the event of an emergency):

I hereby certify the information provided is true and correct to the best of my knowledge.

_____ Applicant Printed Name	_____ Applicant Signature	_____ Date
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PART 3 EVENT LOCATED IN WHAT AGENCY'S JURISDICTION

Note: It is the **APPLICANT'S RESPONSIBILITY** to notify the following (3) agencies of the event's plan. **Written approval is required from each agency prior to obtaining the DPW Special Event Permit.**

- **CALIFORNIA HIGHWAY PATROL (CHP):**
Web link: <https://www.chp.ca.gov/find-an-office>
- **LOCAL FIRE AGENCY:**
Web link: <https://www.sandiegocounty.gov/content/sdc/sdcfa/sdcfa/fire-stations.html>
- **SAN DIEGO COUNTY SHERIFF:**
Web link: <https://www.sdsheriff.gov/bureaus/about-us/facility-directory-table-list>

PART 4 COUNTY OF SAN DIEGO DEPARTMENTS

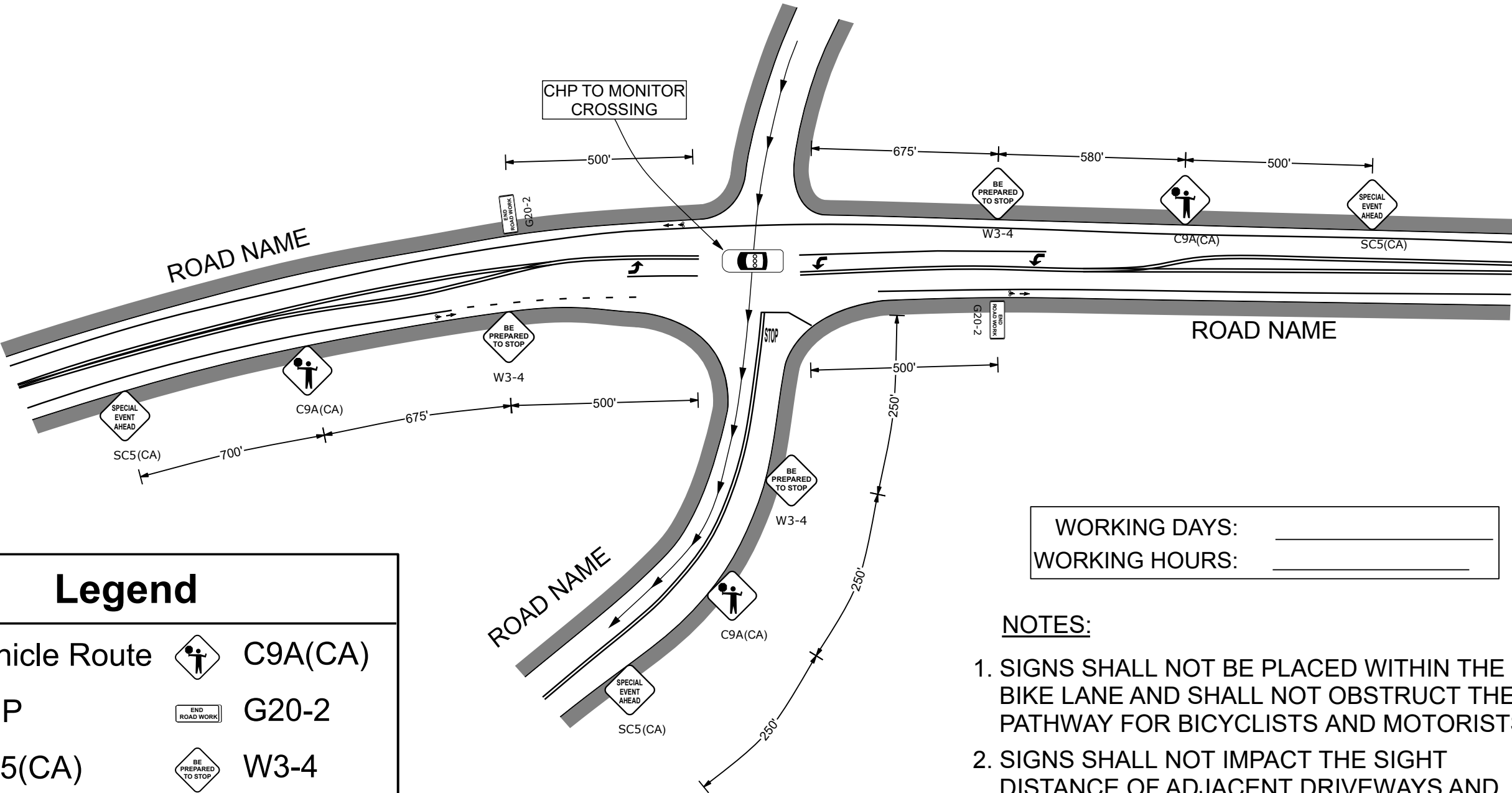
Note: It is the **APPLICANT'S RESPONSIBILITY** to contact all of the County Departments which have jurisdiction within the community area in which the proposed event is planned. The applicant is required to notify the agencies of the event plans and to comply with any requirements or separate permitting which the respective County Department may impose on the event.

Listing of County of San Diego Department Representatives providing review of and services for Temporary Community Events in the Unincorporated County areas:

- **DEH/CEP COORDINATOR-FOOD & HOUSING DIVISION (Main Point of Contact)**
Jescel Esteban (CEP Coordinator) – (858) 694-3614 Jescel.Esteban@sdcounty.ca.gov
- **DEPT. OF ENVIRONMENTAL HEALTH (FOOD AND HOUSING DIVISION)**
Temporary Event Specialist – (858) 505-6809 FHDtempevents@sdcounty.ca.gov
- **DEPT. OF PLANNING AND DEVELOPMENT SERVICES (ZONING)**
Dag Bunnemeyer – (858) 694-2581 Dag.Bunnemeyer@sdcounty.ca.gov
- **DEPT. OF PLANNING AND DEVELOPMENT SERVICES (NOISE ABATEMENT)**
Veronica Bateson – (858) 385-5971 Veronica.Bateson@sdcounty.ca.gov
- **DEPT. OF PLANNING AND DEVELOPMENT SERVICES (BUILDING DIVISION)**
Michael Casady – (858) 694-3063 Michael.Casady@sdcounty.ca.gov
- **SHERIFF'S LICENSING & REGISTRATION** Phone: (858) 974-2020 Fax: (858) 974-2093
Stacey Smith (Supervisor) – (858) 974-2140 Stacey.Smith@sdsheriff.org
Sondée O'Connor – (858) 974-2025 Sondée.Oconnor@sdsheriff.org
Latricia Glover-Walker (Carnival) – (858) 974-2131 Latricia.Glover-Walker@sdsheriff.org
Luz Gamboa (Farmers Market) – (858) 974-2113 Luz.Gamboa@sdsheriff.org
- **DEPT. OF PUBLIC WORKS/TRAFFIC ENGINEERING (TRAFFIC OPERATIONS)**
General Line - (858) 694-3850
Raul Alvarado III (Supervisor) - (858) 694-3846 Raul.Alvarado@sdcounty.ca.gov
Dan Mappala (Special Events Coordinator) - (858) 694-3866 Danilo.Mappala@sdcounty.ca.gov
- **DEPT. OF PUBLIC WORKS/RECYCLING**
Caitlin Lelles – (858) 694-2442 Caitlin.Lelles@sdcounty.ca.gov
- **DEPT. OF HUMAN RESOURCE-RISK MANAGEMENT DIVISION**
Mindy Ard – (858) 694-3774 Mindy.Ard@sdcounty.ca.gov
- **DEPT. OF PARKS AND RECREATION**
Brenda Zapari – (858) 966-1306 Brenda.Zapari@sdcounty.ca.gov
Jessica Cissel (CEP Program Lead) – (858) 966-1329 Jessica.Cissel@sdcounty.ca.gov
- **DEPT. OF ANIMAL SERVICES**
Sally Costello – (760) 966-3223 Sally.Costello@sdcounty.ca.gov
- **DEPT. OF PUBLIC WORKS-WATERSHED PROTECTION PROGRAM**
Paola Garcia-Betancourt – (619) 481-0337 Paola.Garcia-Betancourt@sdcounty.ca.gov
- **SAN DIEGO COUNTY FIRE AUTHORITY**
David Sibbet (CEP Program Coordinator) - (858) 694-3091 David.Sibbet@sdcounty.ca.gov

(ROAD NAME) ADVANCED WARNING SIGNS

SAMPLE TC PLAN



NOTES:

START DATE:	WORK HOURS:	DURATION:
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TRAFFIC CONTROL PLAN
(NAME OF EVENT)

PROJECT LOCATION:		
SCOPE OF WORK:		
PRIME CONTRACTOR:		CONTRACTOR CONTACT:
DRAWN BY:		
DATE DRAWN:	SCALE:	SHEET NUMBER:
	NOT TO SCALE	1 of 1

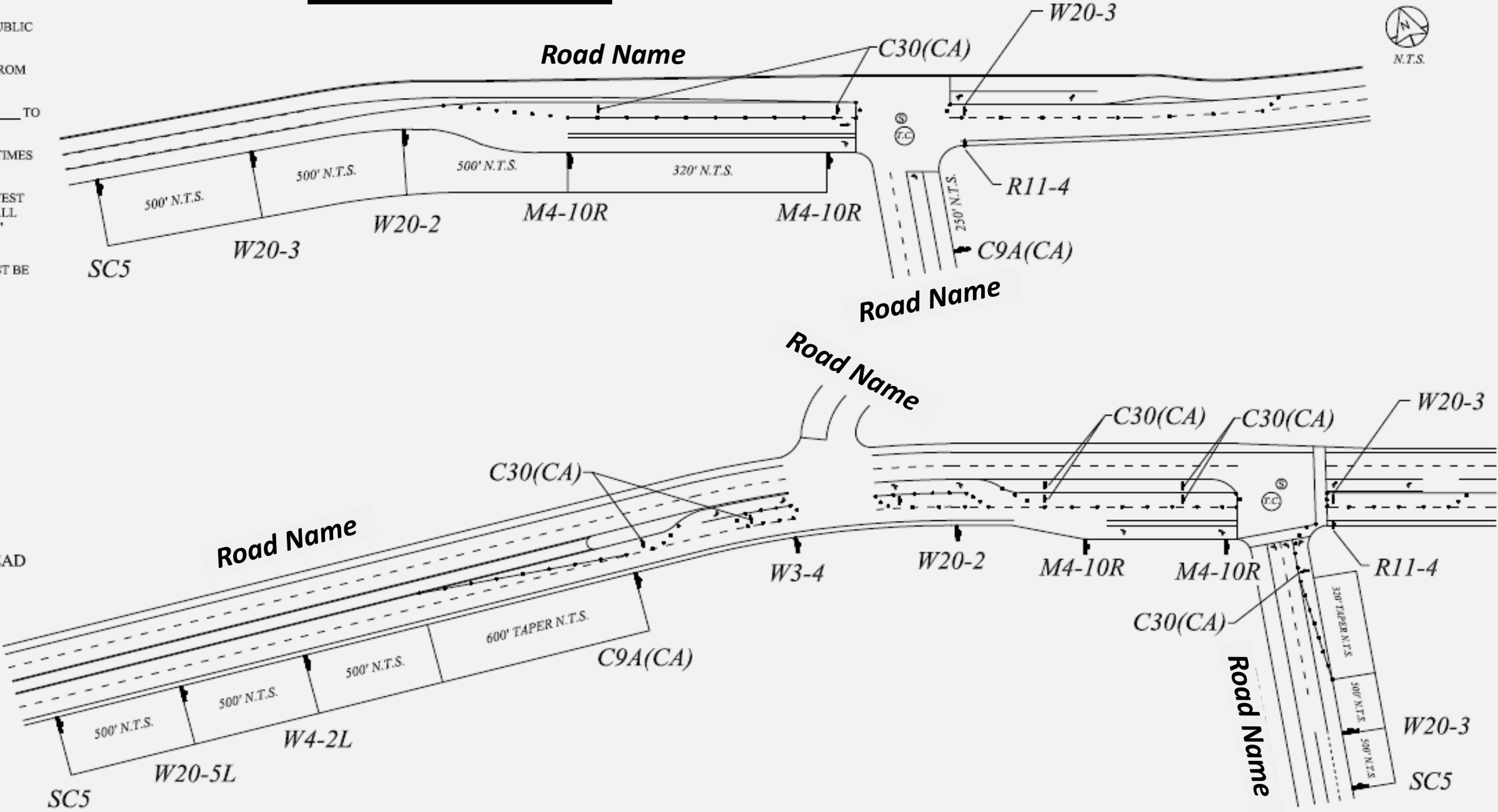
GENERAL NOTES

- 1. ALL TRAFFIC CONTROL DEVICES SHALL CONFORM TO THE LATEST EDITION OF THE MANUAL OF UNIFORM TRAFFIC CONTROL DEVICES (MUTCD), THE MUTCD CALIFORNIA SUPPLEMENT, AND THE STANDARD SPECIFICATIONS FOR PUBLIC WORKS CONSTRUCTION.
- 2. THE CITY ENGINEER OR HIS REPRESENTATIVE HAS THE AUTHORITY TO INITIATE FIELD CHANGES TO ASSURE PUBLIC SAFETY.
- 3. ALL TRAFFIC CONTROL DEVICES SHALL BE REMOVED FROM VIEW WHEN NOT IN USE.
- 4. WORK HOURS SHALL BE RESTRICTED TO BETWEEN _____ TO _____ UNLESS APPROVED OTHERWISE.
- 5. ACCESS TO DRIVEWAYS WILL BE MAINTAINED AT ALL TIMES UNLESS OTHER ARRANGEMENTS ARE MADE.
- 6. ALL WORKERS SHALL BE EQUIPPED WITH AN ORANGE VEST (OR A REFLECTIVE VEST AT NIGHT). ALL FLAGGERS SHALL ALSO BE EQUIPPED WITH A HARD HAT, C28 "STOP/SLOW" PADDLE.
- 7. A MINIMUM OF TWELVE (12) FOOT TRAVEL LANES MUST BE MAINTAINED UNLESS OTHERWISE APPROVED BY THE DEPARTMENT OF PUBLIC WORKS.

LEGEND

- TEMPORARY SIGN
- CONE
- SIGNALIZED INTERSECTION
- FLAGGER
- W20-5R/L RIGHT/LEFT LANE CLOSED AHEAD
- W4-2R/L RIGHT/LEFT LANE ENDS
- C30(CA) LANE CLOSED
- SC5 SPECIAL EVENT AHEAD
- W20-3 ROAD CLOSED AHEAD
- W20-2 DETOUR AHEAD
- W3-4 BE PREPARED TO STOP
- C9A(CA) FLAGGER SYMBOL
- R11-4 ROAD CLOSED TO THRU TRAFFIC
- R11-2 ROAD CLOSED
- M4-10R DETOUR RIGHT

SAMPLE



RECORD RCE			REVISION BLOCK		DEV ENG DIV MGR		SPECIAL EVENT	
REV#	APPR	DATE			APPR	DATE	TRAFFIC CONTROL PLAN VARIOUS CLOSURES ALONG <i>Road Name</i>	SHEET 1 OF SHTS



County of San Diego

Department of Public Works / Transportation Division, Special Event Permits
5510 Overland Ave., Ste 410, Rm 470 (MS0332), San Diego, CA 92123-1239
Phone (858) 694-3850 Fax (858) 694-3928

DPW Special Event Permit Insurance Requirements:

The Sponsoring Organization and any other Event Principals shall provide proof of insurance, INCLUDING an additional insured endorsement form (from a generally recognized domestic insurance carrier) for the duration of the event. Insurance requirements depend upon the risk level of the event and are subject to approval by County Risk Management.

- 1) **Certificate of Insurance** for Commercial General Liability with a \$1,000,000 per occurrence limit of liability; \$2,000,000 General Aggregate. Certificate Holder should be addressed to:

County of San Diego, Risk Management Division
c/o Insurance Coordinator MS O-76
5530 Overland Avenue, Suite 210
San Diego, CA 92123

- 2) A separate **Additional Insurance Endorsement** (CG 2012 or CG 2026) naming the County of San Diego, its agents, officers and employees as Additional Insured for above.

NOTE: The insurance policy number must be indicated on the certificate of insurance and the additional insured endorsement (policy numbers must match on both documents).

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.				11/1/2016	
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION is WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).					
PRODUCER STAR Insurance - Fort Wayne Office 2130 East Dupont Road Fort Wayne IN 46825		CONTACT Name: Margaret H. Mayers Phone: (260) 467-5689 Email: margaret.mayers@starfinancial.com		FAX: (260) 467-5691	
INSURED Road Runners Club of America/2016 and Its Member Clubs 1501 Lee Highway, Suite 140 Arlington VA 22209		INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Co.		NAIC # 11991 66869	
COVERAGES CERTIFICATE NUMBER: 2016 \$2M A.I. REVISION NUMBER:		POLICY NUMBER K000000005888100		POLICY PERIOD 12/31/2015 12/31/2016	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		A. COMMERCIAL GENERAL LIABILITY 1. EACH OCCURRENCE \$ 2,000,000 2. AGGREGATE \$ 500,000 3. MED EXP AND AD & S \$ 5,000 4. PERSONAL & ADV INJURY \$ 2,000,000 5. GENERAL AGGREGATE \$ Unlimited 6. PRODUCTS - COMPOF AGG \$ 2,000,000 7. ABUSE AND MOLESTATION \$ 500,000 8. COVERED STAFF (CST) (A REQUIRED) \$ 2,000,000 9. BODILY INJURY (Per person) \$ 10. BODILY INJURY (Per accident) \$ 11. PROPERTY DAMAGE (Per accident) \$ 12. AD & S \$ 13. EIL \$ 14. EIL \$ 15. EIL \$ 16. EIL \$ 17. EIL \$ 18. EIL \$ 19. EIL \$ 20. EIL \$ 21. EIL \$ 22. EIL \$ 23. EIL \$ 24. EIL \$ 25. EIL \$ 26. EIL \$ 27. EIL \$ 28. EIL \$ 29. EIL \$ 30. EIL \$ 31. EIL \$ 32. EIL \$ 33. EIL \$ 34. EIL \$ 35. EIL \$ 36. EIL \$ 37. EIL \$ 38. EIL \$ 39. EIL \$ 40. EIL \$ 41. EIL \$ 42. EIL \$ 43. EIL \$ 44. EIL \$ 45. EIL \$ 46. EIL \$ 47. EIL \$ 48. EIL \$ 49. EIL \$ 50. EIL \$ 51. EIL \$ 52. EIL \$ 53. EIL \$ 54. EIL \$ 55. EIL \$ 56. EIL \$ 57. EIL \$ 58. EIL \$ 59. EIL \$ 60. EIL \$ 61. EIL \$ 62. EIL \$ 63. EIL \$ 64. EIL \$ 65. EIL \$ 66. EIL \$ 67. EIL \$ 68. EIL \$ 69. EIL \$ 70. EIL \$ 71. EIL \$ 72. EIL \$ 73. EIL \$ 74. EIL \$ 75. EIL \$ 76. EIL \$ 77. EIL \$ 78. EIL \$ 79. EIL \$ 80. EIL \$ 81. EIL \$ 82. EIL \$ 83. EIL \$ 84. EIL \$ 85. EIL \$ 86. EIL \$ 87. EIL \$ 88. EIL \$ 89. EIL \$ 90. EIL \$ 91. EIL \$ 92. EIL \$ 93. EIL \$ 94. EIL \$ 95. EIL \$ 96. EIL \$ 97. EIL \$ 98. EIL \$ 99. EIL \$ 100. EIL \$			
B. Excess Medical & Accident (\$250 Deductible/Claim)		K000000007201500		12/31/2015 12/31/2016	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) County of San Diego, it's officers, agents and employees are NAMED AS AN ADDITIONAL INSURED AD RESPECTS THEIR INTERESTS INSURED RSCA 481, San Diego, (Effective 11/02/16 this voids and replaces previously issued certificate)		Sample event description		Dr. Suite	
CERTIFICATE HOLDER County of San Diego, Risk Management Division c/o Insurance Coordinator MS O-76 5530 Overland Av, Suite 210 San Diego, CA 92123		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Terry Diller/1016			

POLICY NUMBER:		COMMERCIAL GENERAL LIABILITY	
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.			
ADDITIONAL INSURED - STATE OR POLITICAL SUBDIVISIONS - PERMITS			
This endorsement modifies insurance provided under the following:			
COMMERCIAL GENERAL LIABILITY COVERAGE PART			
SCHEDULE			
Address For County			
STATE OR POLITICAL SUBDIVISION:			
County of San Diego, its officers, agents & employees c/o Insurance Coordinator MS O-76 5530 Overland Av, Suite 210 San Diego, CA 92123			
(if no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)			
WHO IS AN INSURED (Section II) is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:			
1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.			
2. This insured does not apply to:			
a. "Bodily injury," "property damage," "personal injury," or "advertising injury" arising out of operations performed for the state or municipality, or			
b. "Bodily injury" or "property damage" included within the "products-completed operations hazard."			
CG 20 12 11 85			

Sample of acceptable form of separate insured endorsement for County of San Diego

Insert Policy Number; must match number on certificate.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR POLITICAL SUBDIVISIONS – PERMITS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Address for County

STATE OR POLITICAL SUBDIVISION:

**County of San Diego, its officers, agents & employees
c/o Insurance Coordinator MS O-76
5530 Overland Av. Suite 210
San Diego, CA 92123**

(if no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
2. This insured does not apply to:
 - a. “Bodily injury,” “property damage,” “personal injury,” or “advertising injury” arising out of operations performed for the state or municipality, or
 - b. “Bodily injury” or “property damage” included within the “products-completed operations hazard.”

Sample of CG2012 acceptable form of separate insured endorsement for County of San Diego

CG 20 12 11 85

Insert Policy Number; must match number on certificate.

POLICY NUMBER: 013136005

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

Address for County

**County of San Diego, its officers, agents & employees
c/o Insurance Coordinator MS O-76
5530 Overland Av, Suite 210
San Diego, CA 92123**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

CG 20 26 11 85

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Sample of CG2026 acceptable form of separate insured endorsement for County of San Diego