



LAKE PIRU SPECIAL EVENT PERMIT APPLICATION

CONTACT: Clayton W. Strahan, Chief Park Ranger
United Water Conservation District (UWCD)
1701 N. Lombard Street, Suite 200
Oxnard, CA 93030
Phone: (805) 525 4431
Email: claytons@unitedwater.org

Please type or print clearly, completing all requested information. Attach additional sheets, maps or documents, as required. Upon completion of the permit application, submit the application along with supporting documents and the \$100.00 application fee (in the form of a check or money order made payable to UWCD) to:

**United Water Conservation District
Attention: Lake Piru Event Permit Application
1701 N. Lombard Street, Suite 200
Oxnard, CA 93030**

For events anticipating less than 250 spectators and/or participants, applications must be submitted at least **30 (thirty) days prior** to the scheduled date of the event. For events anticipating more than 250 spectators and/or participants, applications must be submitted at least **60 (sixty) days prior** to the scheduled date of the event. Applications may be mailed or presented in person.

Please Note: **ANY CHANGES TO THE APPLICATION ONCE SUBMITTED, MUST BE DONE SO IN WRITING WITHIN 14 CALENDAR DAYS AFTER SUBMISSION OF YOUR APPLICATION.**

Additional fees, determined by UWCD, may be applied based upon the type of event being held, the facilities being used, and if other permits are required to accommodate your event.

Any misrepresentation in this application or deviation from the final approved route/plan, method of operation or activities described herein will result in immediate revocation of this permit.

Lake Piru Recreation Area Special Event Requirements

Insurance Requirements

Companies or individuals requesting a Special Event permit for any event occurring within the boundaries of the Lake Piru Recreation Area will need to indemnify United Water Conservation District (UWCD) and Parks Management Company (PMC), their officers, employees, volunteers, elected officials and members of their boards and commissions by naming all as ADDITIONAL INSUREDS of a minimum \$5 million General Liability insurance policy AND \$2 million Property Damage policy for each occurrence. Insurance shall apply as primary insurance and no other insurance maintained by the Additional Insured will be called upon to contribute with insurance provided by this policy. The policy must state: "United Water Conservation District and Parks Management Company must be provided 30 days advance written notice of any change in coverage or cancellation." Any exceptions to the above must be approved in writing by the United Water Conservation District Administrative Services Division manager.

Agency: United Water Conservation
District Lake Piru Recreation Area
Location: 4780 Piru Canyon Rd.
Piru, CA 93040
Office: 1701 N. Lombard Street, Suite 200
Oxnard, CA 93030

Hand written, or stamped binders will not be accepted

***** Please note – a Certificate of Insurance must be accompanied by an insurance endorsement naming United Water Conservation District (UWCD) as an additionally insured. This endorsement shall accompany the insured's Certificate of Insurance which shall also name UWCD as an additionally insured. *****

Permit/Application/Contract Requirements:

All permit applicants will be required to provide a "wet signature" copy of the Lake Piru Recreation Area event permit application and insurance documents.

Document Deadlines:

All documents must be received no later than thirty (30) business days prior to the event date. Documents received after this time will be charged \$100.00 late processing fee.

I. SUMMARY OF EVENTS

DESCRIPTION

Event Name/Title: _____

Description (Should Be Promotional in Nature):

Admission (Describe procedures/process):

Event Category:

- ☐ Athletic/Recreation ☐ Concert/Performance
☐ Festival/Celebration ☐ Wedding
☐ Family Reunion ☐ Religious/Church
☐ Other: _____

Anticipated Attendance: Total _____ Per Day _____

Anticipated Participants: Total _____ Per Day _____

Setup: Date _____ Time _____ Day _____ of _____ the _____ Week
Start: Date _____ Time _____ Day _____ of _____ the _____ Week
End: Date _____ Time _____ Day _____ of _____ the _____ Week
Cleanup: Date _____ Time _____ Day of the Week _____

II. Location Information

Location Description: (Briefly describe and then check all applicable areas):

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Olive Grove Campground | <input type="checkbox"/> Oak Lane Campground | <input type="checkbox"/> Lake |
| <input type="checkbox"/> Day Use | <input type="checkbox"/> Condor Point | <input type="checkbox"/> Marina/Docks |
| <input type="checkbox"/> Juan Fernandez | <input type="checkbox"/> Marina Lots | |
| <input type="checkbox"/> Group Camp #1 | <input type="checkbox"/> Group Camp #2 | |
| <input type="checkbox"/> Entry Kiosk | <input type="checkbox"/> Roadways | |

III. Applicant/Organization Information

A written communication from the Chief Officer of the Host Organization authorizing the applicant, professional organization or event organizer to apply for this permit is required.

Host Organization Name: _____

Address: _____ **City/State/Zip:** _____

Phone Numbers: **Office:** _____ **Cell:** _____ **Email:** _____

Applicant Name/Title: _____

Address: _____ **City/State/Zip:** _____

Phone Numbers: **Office:** _____ **Cell:** _____ **Email:** _____

Professional Organization: _____

Address: _____ **City/State/Zip:** _____

Phone Numbers: **Office:** _____ **Cell:** _____ **Email:** _____

Event On Site Contact: _____

Address: _____ **City/State/Zip:** _____

Phone Numbers: **Office:** _____ **Cell:** _____ **Email:** _____

IV. ORGNAIZATION STATUS/PROCEEDS/REPORTING

| | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the event organizer a commercial entity? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the event organizer a federally recognized 501(c)(3) organization [non-Profit]? If yes, attach a copy of the 501(c)(3) tax exemption determination letter. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Will the event have an admission or participant fee? If yes, please provide amount(s):_____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are vendors, concessioner or others required to pay a participation fee? If yes, please provide amount(s):_____ |
| \$ _____ | Estimated gross receipts from this event, including admission fees, vendor fees, products and/or sponsorship sales. Please explain how this amount was determined: _____ _____ _____ |
| \$ _____ | Estimated expenses for this event |
| \$ _____ | Projected net dollar amount applicant expects to earn from event |

V. Security Plan

☐ Yes ☐ No

Have (or will you) hire a licensed professional security company to develop a security plan and manage your event's security? If yes, please provide a copy of the security company's valid Private Patrol Operator's License issued by the state of California.

Security organization: _____

Address: _____

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

Telephone Day: _____ Evening: _____ Cell: _____

Email: _____ **Fax:** _____

Private Patrol Operator License #: _____

**Note if your event involves the use of public roadways, law enforcement services will be mandatory. Additionally, law enforcement may be required for any event. These costs are NOT included in the fees associated herein. Please contact the Ventura County Sheriff's Office or the California Highway Patrol for more information.*

Please describe your security plan, including crowd control, internal security or venue safety, locations and number of officers (you may attach a copy of the plan to this application):

[illegible]

VI. MEDICAL/FIRE PLAN

*EMS will be required for all water related events, walks/runs and other recreational activities that involve physical exertion on behalf of the participants.

☐ Yes ☐ No Have you hired a licensed professional emergency medical services provider to develop and manage your events medical plan?

If yes, please briefly describe your plan including communications for emergencies, number of staff and service locations, certification levels (MD, RN, EMT, Paramedic) and types of resources that will be at your event and the manner in which they will be managed and deployed. Please provide a map outlining the location of medical service sites with respect to the event being held. Your plan should include hours of setup/strike of medical aid areas. You may attach a copy of this plan to your application or include in your site plan.

Medical Services Provider: _____

Address: _____

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

Telephone Day: _____ **Evening:** _____ **Cell:** _____ **Fax:** _____

☐ Yes ☐ No Does your event involve the use of pyrotechnics, fireworks, generators, electronic sound generating devices, electronics or the use of flammables?

If yes, please list below. Please note that any event involving the use of the above will require fire safety measures (Water tender, Extinguishers, Fire Engine, fire breaks etc.) to be approved by the Ventura County Fire Department before your permit is approved. Please note locations of above on site plan.

VII. ADDITIONALLY PUBLIC SAFETY

☐ Yes ☐ No

Does your event require the use of **Crossing Gaurds**? If yes, please list the following information:

Location(s): _____

Time(s): _____ **Date(s):** _____

of Guards: _____

☐ Yes ☐ No

Does your event require the use of **Parking Attendants**? If yes, please list the following information:

Location(s): _____

Time(s): _____ **Date(s):** _____

of Attendants: _____

☐ Yes ☐ No

Does your event involve the use of **Water Craft**? If yes, please list the following information and provide a description of watercraft use:

Location(s): _____

Time(s): _____ **Date(s):** _____

of Craft: _____ **# of Participants:** _____

Water Craft Use:

This image shows a full page of blank, lined paper. It features approximately 20 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.

*Please Note: any event involving the use of water craft or water related activities will require event organizer to provide the appropriate number of rescue craft/vessels for each event and will require that personnel are certified and trained in water rescue.

VIII. SITE PLAN/ROUTE MAP

Your Event site plan/route map should be submitted in blueprint or CAD format and include (but is not limited to) the following items:

- ☐ An outline of the entire event venue including the names of the roads or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, please indicate the direction of travel and all road closures.
- ☐ The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access and/or gates.
- ☐ The provision of a minimum twenty foot (20') emergency access lane throughout the venue
- ☐ The location of all first aid/medical facilities, ambulances, and fire prevention equipment.
- ☐ The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers, dumpsters and all temporary structures.
- ☐ The location of all ticket/fee collection booths throughout the venue
- ☐ A detailed or close-up plan of the food booths and cooking area configuration including booth identification of all vendors cooking/preparing food with flammable gasses or grills.
- ☐ The location of all generators and/or sources of electricity
- ☐ The placement of vehicles, trailers and parking configuration
- ☐ All exit locations including those that are fenced and/or locations with tents or structures
- ☐ Identification of all event components that meet accessibility standards
- ☐ Other event components not listed above

Do not write below this line

IX. SITE PLAN/ROUTE MAP NARRATIVE

Please provide a narrative description of your event. You may also provide this information as an attachment.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

X. ACCESSIBILITY PLAN

This Checklist is to serve as a planning guideline and may not be inclusive of all county, state and federal access requirements. You may attach more detailed information if necessary.

☐ Yes ☐ No Are all sections of the event accessible, and if not, are there separate sections providing the same functions serving people with and without disabilities?
Please describe: _____

☐ Yes ☐ No Are there a proper number of disabled parking spaces available and/or has a transportation plan been developed to address additional disabled parking space needs? Will shuttling occur if parking accessibility is unavailable?
Please describe: _____

☐ Yes ☐ No Will a minimum of 10% of portable restrooms at your event be accessible?
Please describe: _____

☐ Yes ☐ No Will all food, vending and beverage areas be accessible?
Please describe: _____

☐ Yes ☐ No Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility?
Please describe: _____

☐ Yes ☐ No Will all tables and seating be accessible?
Please describe: _____

☐ Yes ☐ No If an information center is provided at your event, will customer service representatives be available to assist persons with disabilities?
Please describe: _____

☐ Yes ☐ No If all areas of your event venue cannot be made accessible, will maps or programs be made available to show the location of accessible restrooms, parking, drinking fountains, first aid stations and vending locations?
Please describe: _____

XI. Parking & Shuttle Plan

☐ Yes ☐ No Will your event involve the use of a parking and/or shuttle plan?

☐ Yes ☐ No Will your event involve the use of parking attendants?

☐ Yes ☐ No Will entry attendants collect fees and/or administer parking passes?

Service(s) Provider: _____

Address: _____

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

Telephone Day: _____ **Evening:** _____ **Cell:** _____ **Email:** _____

Please describe, in detail, your plans for all parking or shuttle related activities:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

XII. Trash/Recycling Plan

☐ Yes ☐ No Will your event involve the use of trash or recycling bins?

☐ Yes ☐ No Do you wish to use onsite trash/recycling bins/locations?

Service(s) Provider: _____

Address: _____

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

Telephone Day: _____ Evening: _____ Cell: _____ Email: _____

Please describe or provide in detail your plans for all waste generated from your event. If you are proposing using an outside vendor please list the name and contact information for that vendor above.

[illegible]

XIII. VENDOR SERVICES

☐ Yes ☐ No Will your event involve the use of outside vendors (food, beverage, retail)?

☐ Yes ☐ No Will Your vendors require the use of trash, water, electricity?

Please describe or provide in detail all vendor related services being offered, the duration for which they will be offered and the location of the services and vendor information. Please provide a map if necessary:

Vendor #1 : _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Telephone Day:** _____

Evening: _____ **Cell:** _____ **Email:** _____

Setup: Date _____ Time _____ Day of the Week _____

Start: Date _____ Time _____ Day of the Week _____

End: Date _____ Time _____ Day of the Week _____

Cleanup: Date _____ Time _____ Day of the Week _____

Utilities Needed: _____

Vendor #2 : _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Telephone Day:** _____

Evening: _____ **Cell:** _____ **Email:** _____

Setup: Date _____ Time _____ Day of the Week _____

Start: Date _____ Time _____ Day of the Week _____

End: Date _____ Time _____ Day of the Week _____

Cleanup: Date _____ Time _____ Day of the Week _____

Utilities Needed: _____

Please use additional pages as necessary

XIV. Signatures & Approval

NAME OF PERMITTEE CONTACT WITH SIGNING AUTHORITY

Name _____ (PRINT):

Address: _____

Day Phone: () _____ Evening Phone () _____ Email: _____

Signature: _____ Date: _____

NAME OF PERMITTEE CONTACT WITH SIGNING AUTHORITY

Name _____ (PRINT):

Address: _____

Day & Evening Phone: () _____ () _____

Signature: _____ Date: _____

NAME OF PERMITTEE CONTACT WITH SIGNING AUTHORITY

Name _____ (PRINT):

Address: _____

Day & Evening Phone: () _____ () _____

Signature: _____ Date: _____

XV. FEE SCHEUDLE (TO BE COMPLETED BY UWCD Lake Piru)

| | |
|----------|---|
| \$ _____ | Location/Impact Fee. Please explain how this was computed: _____ _____ _____ |
| \$ _____ | Utility fees (trash, water, sewer, electricity) |
| \$ _____ | Parking fees (per unit cost) if applicable |
| \$ _____ | Administrative fees (permit cost and administrative review) |
| \$ _____ | Total |

PERMIT TERMS & CONDITIONS

Special Event Permits, when approved, shall be issued subject to the following provisions:

All activities and arrangements for advance preparations, shall be at the direction of the District's General Manager or his/her authorized designee.

All federal, state and local laws, rules, regulations and District ordinances shall be observed and adhered to by the permittee, the permittee's employees, agents and or contractors engaged in the activities outlined under the permit.

The only activities granted to the permittee are those listed in writing on the permit.

A permittee may not access District property unless a copy of their special use permit is either on their person or displayed in their vehicle.

No structures or sets may be constructed or erected unless specifically provided for and described in writing herein. Additionally no digging or excavation shall be permitted unless prior authorization is obtained. No shrubbery, trees or vegetation shall be cut, trimmed or injured. Lastly, no additions, alterations, modifications or decorations may be affixed to any facility without specific written approval or the General Manager or his/her authorized representative.

Fires will not be permitted without specific written approval or the General Manager or his/her authorized representative.

Vehicles under the authority of the permittee, the permittee's employees, agents and or contractors engaged in the activities outlined under the permit will be parked only in areas designated by the District and as described in the permit.

Permittee will control all traffic and vehicles associated with their activity or event as directed by the District's General Manager or his/her designee.

Permittee agree that smoking will be limited to asphalt only areas.

All vendors shall provide appropriate food handler certifications, licenses for distributions and have any other applicable health code required permits/licenses.

All vendors shall adhere to the same insurance requirements of the permittee or be included as part of the permittee's insurance policy.

All event(s) applications shall be submitted to the Ventura County Sheriff's Department, the Ventura County Fire Department, the Ventura County Health Department (i.e. food vendors), the Alcohol, Beverage and Control Board (Events seeking to serve alcohol) and if applicable the Ventura County Planning Division. All permittees shall adhere to any and all conditions requested by all Federal, State and County Agencies.