

Project Number:

P-UP15-0001



SPECIAL EVENT / ACTIVITY INFORMATION PACKET & APPLICATION

“Special events and activities” means any temporary event or activity sponsored by a business, shopping center or organization which is held outside the confines of a permanent building.

To apply for a Special Event and Activity, please read the enclosed instructions and then complete this application. Submit your application, including the required attachments, no later than 45 days for a major event or 30 days for a minor event.

For specific references to the Milpitas Municipal Code regarding Special Events and Activities see Section XI-10-13.11

Approvals:

Planning: _____ Date: _____

Fire: _____ Date: _____

Police: _____ Date: _____

Engineering: _____ Date: _____

Building: _____ Date: _____

INSTRUCTIONS -**Introduction**

A completed application may be filed as early as one year before an event, but must be received no later than 45 days (for a major event) or 30 days (for a minor event) before the actual event.

“Special events and activities” means any temporary event or activity sponsored by a business, shopping center or organization which is held outside the confines of a permanent building.

- A minor event is one that all of the activities, including parking associated with the event are confined to private property.
- A major event is one that in addition to the activities on a private property, has off-site parking, and/or partially or wholly takes place on the public right-of-way, except for activities customarily confined to sidewalks, such as walking or jogging/running.

It is our goal to help the event organizers in planning a safe and successful event that would create minimal impacts on the surrounding neighborhoods.

Procedure: *For first-time events please contact the Planning Division (408) 586-3279 to set up an appointment to review the application process for your event.*

The application process begins when you submit a completed application. The acceptance of this application should in no way be construed as approval of your request. Copies of the application will be sent to affected departments for their review. During the review, you will be notified if any additional information is required to process the application. You will be invited to meet with city staff at a pre-determined meeting called the Development Review Committee (DRC) to discuss the event prior to any approvals. Delays in providing information to city staff often delay the ability of the DRC to finish review and approve the application in a timely manner.

- Events that occur between one and three days can be reviewed by staff.
- Events that occur more than three days require review by the Planning Commission Subcommittee.
- Any event that has amplified music or live entertainment regardless of duration requires review by the Planning Commission Subcommittee.

QUESTION TO GET STARTED

- **Will the event be held exclusively on private property? If so, you will need to have the property owner sign the application for use of the site.**

This event will not require off site parking, or the use of public right-of-way (except running/jogging events).

Yes No

If you answered yes to the question above, your event is considered a "Minor" event. All other events are considered "Major".

SECTION 1: CONTACT INFORMATION AND AUTHORIZATION

Please complete all of the following:

Event Title: Quarterly Meeting
Event Location (address): 7900 SYCAMORE DR, MILPITAS, CA
Applicant name: Trish Johnson

Organization: The Straff Dental Company
E-mail: Tjohnson@straffdental.com Phone: 408-850-3230

Mailing Address: 484 S. Abbott Ave
Milpitas City 95035 ZIP

Day of event contact (if different from applicant completing and submitting the form): _____ Phone: _____

Except as to the sole negligence or willful misconduct of the city, the applicant/permittee shall defend indemnify and hold the city, and its officers, employees and agents harmless from any loss, damage, claim for damage, liability, expense, or cost including attorneys' fees, which arise out of or is in any way connected with the special event or activity authorized herein. By signing this application, the applicant acknowledges that they may be billed for any unanticipated costs for city services arising from the event as a result of changes to the event or inaccurate application information.

Trish Johnson Trish Johnson
Printed Name & Signature

12/17/14
Date

Alexander McEann
Printed Name of Property owner or authorized agent for owner & signature

12/17/14
Date

SECTION 2: EVENT INFORMATION

Please complete all of the following:

Setup/Preparation Date: 2/13, 4/10, 7/25, 10/17
 Event starts Date: 2/4, 4/10, 7/25, 10/17 Time: 3pm
 Event ends Date: " Time: 6pm
 Dismantle/Tear down Date: 2/9, 4/19, 7/26, 10/18
 Anticipated attendance: Total: 600 Per day: 600 (flow through)

Street closures

Will this event require any city streets to be closed? Yes No
 If yes, specify which streets or cross streets and include a route site map.

Food

If your event will have food preparations please specify cooking method:

Gas Electric
 Charcoal Other (specify): _____

A permit may be required from the Santa Clara County Department of Public Health at (408) 918-3400.

Portable restrooms

A minimum of one (1) accessible toilet for persons with disabilities is required when multiple toilets are set side by side. If each toilet is scattered throughout the site, then each toilet must be accessible. Exceptions may be considered by the Building Department.

Lighting and sound

Will you be using any amplified sound (i.e. public address system)? Yes No

Will this event use any temporary lighting? Yes No
 If yes, please describe:

EVENT NARRATIVE

Project Description

Briefly provide a description of your event, including activities, timeline and sequence of events:

QUARTERLY MEETING FOR ALL LINEAR EMPLOYEES FOLLOWED BY FOOD & BEVERAGE SERVICE STARTING AT 3:30 PM UNTIL APPROXIMATELY 5:30 PM

Parking

Describe where event participants are expected to park their vehicles:

See attached letter

Security Plan

Describe your security plan, including crowd control:

Include the security company name, contact information and the amount of security personnel:

SECURITY IS HANDLED BY LTC PERSONNEL AND ALLIED BARTON SECURITY SERVICES. SECURITY OFFICERS PATROL THE PARKING LOT AS WELL AS EACH BUILDING.

Americans with Disabilities (ADA) compliance

Describe how your event will be accessible to people with disabilities (such as parking, restrooms and accessible path of travel to all event functions):

HANDICAP PARKING IS PROVIDED AT THE LABBY & EMPLOYEE ENTRANCE FOR BLDGS 3 & 4. RAMPS & ACCESS TO PATIO FROM PARKING AREAS TO TENT ARE IN PLACE.

Recyclables and garbage handling

Describe your plan for cleanup and removal of recyclable goods and garbage during and after your event:

RECYCLE CONTAINERS FOR ALUMINUM CANS PAPER & PLASTIC ARE AVAILABLE THROUGHOUT THE PATIO AND TENT AREA. ALL RECYCLABLE ITEMS ARE PUT IN 40 YARD COMPACTORS AS DESIGNATED BY THE CITY OF MILPITAS & ALLIED WASTE.

SECTION 3: SITE MAP CHECKLIST: City staff is available to help you through this process.

Provide a site plan/route map for your event on a separate sheet. Provide six copies of this site plan/map (11" x 17" min size). The map should include the following information:

- An outline of the event site, including the names of the streets or areas that are a part of the venue and surrounding area. If the event includes a moving route of any kind (such as a parade), indicate the direction of travel, including the starting location and ending destination. Include north arrow.
- Any street or lane closures.
- The locations of fencing, barriers or barricades. Include any removable fencing for emergency access. (include height of barriers)
- The location of first-aid facilities
- The location of all stages, platforms, booths, cooking areas, trash containers, tents/canopies, etc. (Include dimensions, such as height and length)
- The location of any food booths and cooking area configuration including all vendors cooking with flammable gases or barbeque grills. (Include dimensions, such as height and length)
- Generator locations and/or source of electricity
- Placement of vehicles or trailers used for the event (include dimensions)
- Anticipated parking locations and number of parking. Show that parking is available for persons with disabilities. These parking spaces shall be dispersed and located closest to the accessible entrances *to the event*. One in every eight accessible parking spaces, but not less than one accessible parking space shall be Van accessible.
- Placement of promotional signs or banners
- Placement of portable toilets/rest room facilities (label accessible or non-accessible for people with disabilities)
- Exit locations for outdoor events that have fences
- Location of all other event activities
- Location of temporary lighting
- Location of temporary speakers

- Fire truck access to existing building/structures shall remain clear and unobstructed (20 feet min).

- Fire truck access shall be maintained to the proposed event.
- Show that Fire equipment and appliances (hydrants, fire department connection valve, etc) shall remain clear and unobstructed (25 feet min.).
- Show and identify the proposed method of separation between event area and vehicle traffic (20 feet min.).
- Show that the location of tables, booths and other equipment are not obstructing parking for persons with disabilities and indicate an accessible path of travel from these parking stalls to main entrance to the building and facilities.
- If any amusement structures are proposed, show how the structure can accommodate those with disabilities.
- For major events, provide a traffic handling plan (see sample).
- Show solid waste collection area.

The Stuart Rental Company
454 S. Abbot Ave
Milpitas, CA 95035

January 6, 2015

City of Milpitas
455 Calaveras
Milpitas, CA 95035

To whom it may concern,

I am writing to request permission to install a tenting structure at the below mentioned location.

Location: Linear Technology
790 Sycamore Ave
Milpitas, CA 95035

Date of Installs: February 3rd, 2015, April 17th, 2015, July 24th, 2015, October 16th, 2015

Date of Events: February 4th, 2015, April 17th 2015, July 24th, 2015, October 16th, 2015

Date of Removal: February 9th, 2015, April 18th, 2015, July 25th, 2015, October 17th, 2015

Hours of event: 3pm-6pm

Function: Employee Company Party/Quarterly Meeting

Event Information: Open to public- No.

Size of Structure: 40' x 180' or -5- 20' x 20'

Occupancy Load: 600 people in attendance- Stand up Buffet

Safety Package: # 2a-10BC Fire Extinguisher (5)
Self Luminous Exit Signs (4)
No Smoking Signs (4)

Climate Package: N/A

Sound Package: N/A

Stuart Representative: Trish Johnson

Permit Contact: Trish Johnson

Preferred Inspection Time: 2/4: 12pm, 4/18: 12pm, 7/25: 12pm, 10/17: 12pm

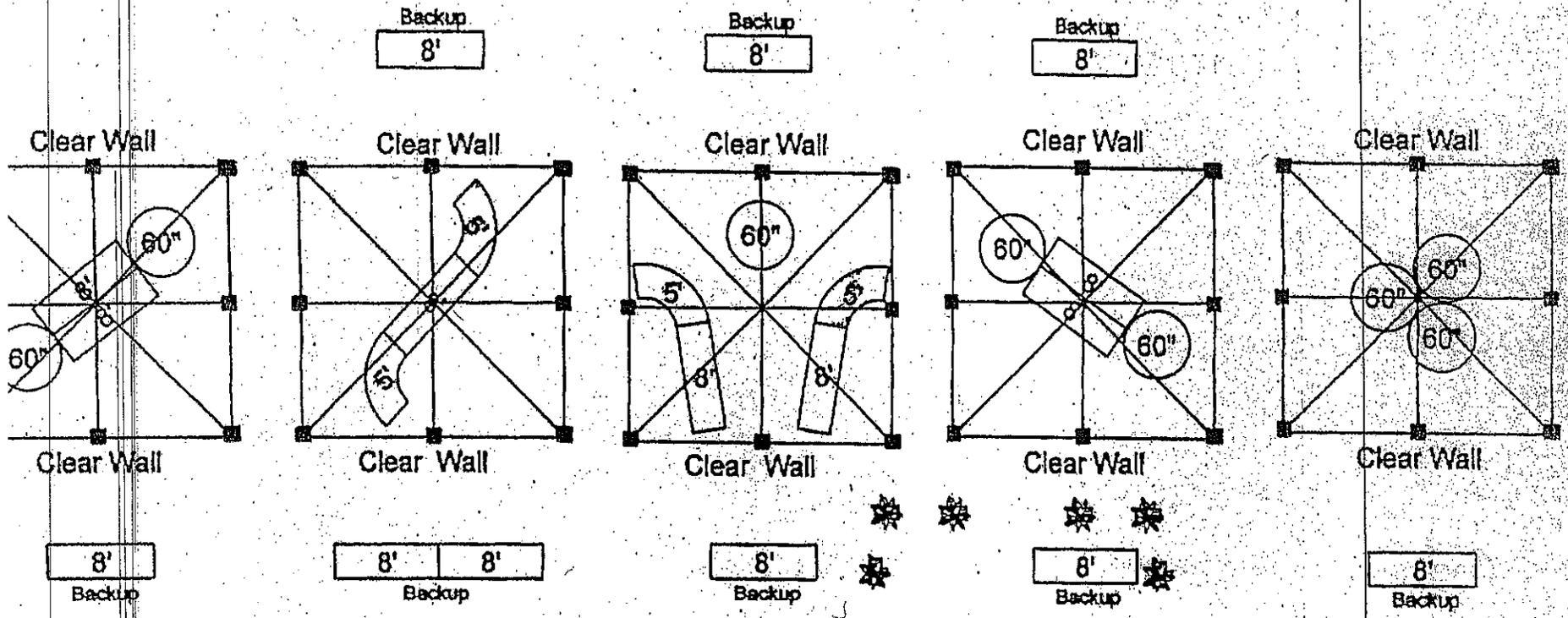
2/4, 4/18, 7/25, 10/17/15

Revised:

(5) 20 x 20 Tents with 20' apart

To Building 3
↑

Backup for Truck 8'

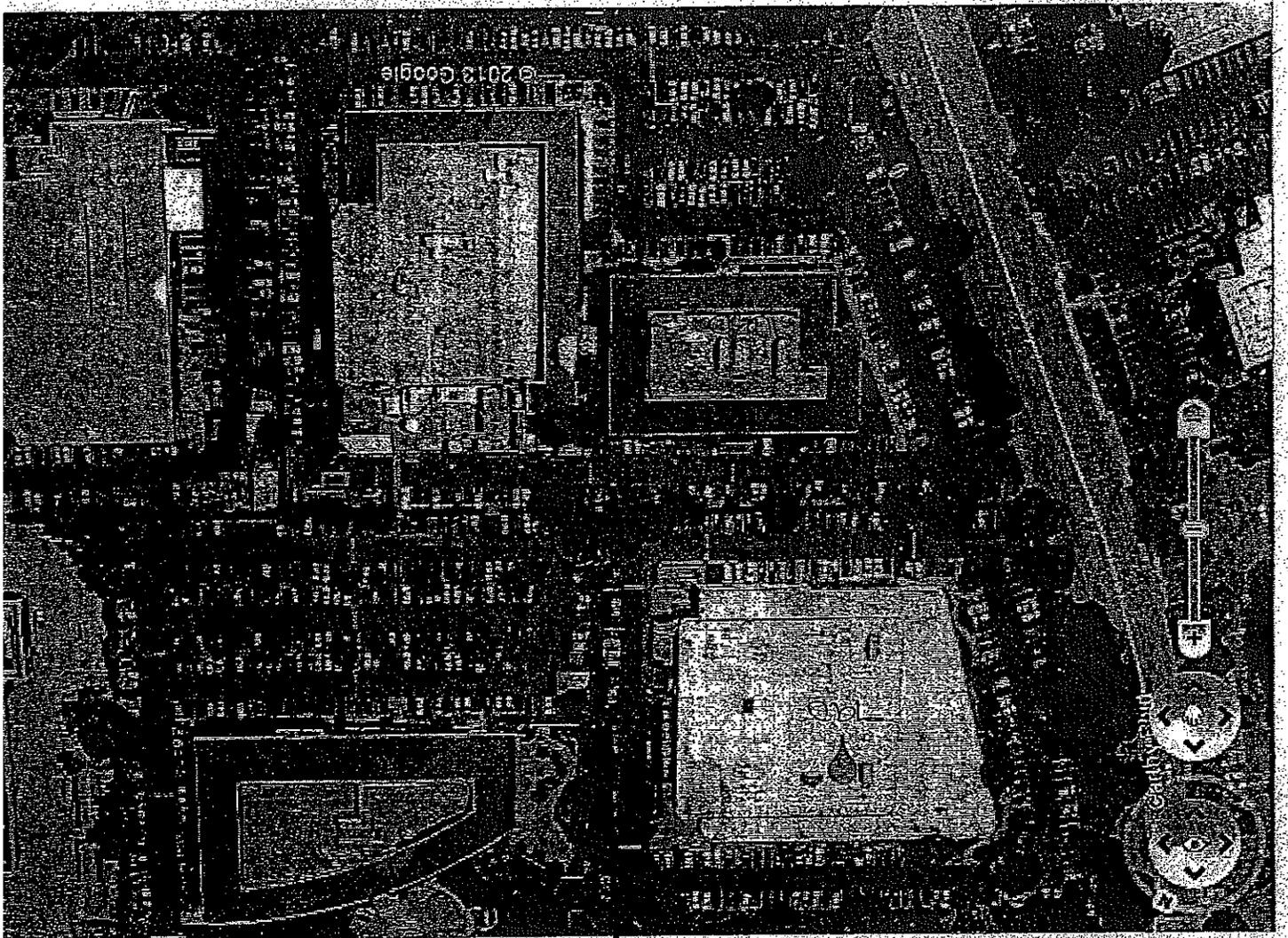


To Building 4
↓

Clear Wall

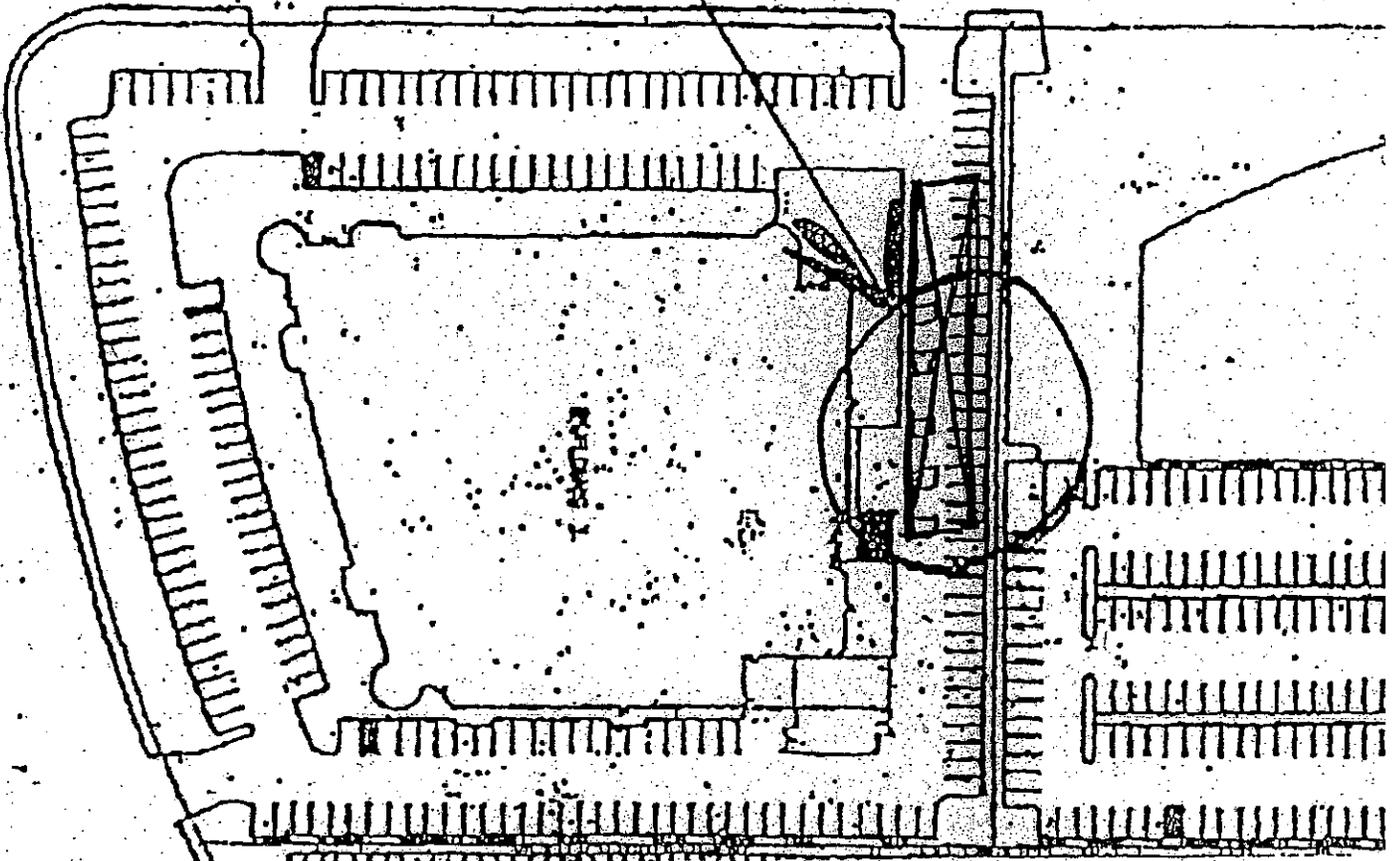
STUART RENTAL

04/19/2005 13:09 408-856-447



EVENT AREA.

SYCAMORE AVE.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/25/2014

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.

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 Bolton & Company 3475 E. Foothill Blvd., Suite 100 Pasadena, CA 91107 www.boltonco.com 0008309		CONTACT NAME: PHONE (A/C, No, Ext): (626) 799-7000 FAX (A/C, No): (626) 583-2117 E-MAIL: ADDRESS:	
INSURED Ohana Partners Inc. dba Stuart Rental Company 454 S. Abbott Avenue Milpitas CA 95035		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Samsung Fire & Marine Insurance Co. 38300 INSURER B: Travelers Prop Cas Co of Amer 25674 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 22465615 **REVISION NUMBER:**

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.

INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
LTR		INSR	WVO		(MM/DD/YYYY)	(MM/DD/YYYY)	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPP006431601	11/26/2014	11/26/2015	EACH OCCURRENCE: \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CPP006431601	11/26/2014	11/26/2015	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Col. Deductible \$ 1,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB000228201	11/26/2014	11/26/2015	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			XJUB3830T26014	1/1/2014	1/1/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES: (ACORD 101, Additional Remarks, Schedule, may be attached if more space is required)
 Job: Operations of the Named Insured, 160 West Santa Clara Office, Inc., CBRE, Core and Value Advisers, LLC and Stockbridge Capital Group, LLC are named GL Additional Insured applies per attached, only if required by written contract/agreement.

CERTIFICATE HOLDER 	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 Carmel Baer