



# MENIFEE COMMUNITY DEVELOPMENT

<i>For Official Use Only</i>	
Project Number:	_____
Date Received:	_____
Received By:	_____
Case Planner:	_____

## TEMPORARY PERSONAL SERVICES OUTDOOR EXPANSION PERMIT APPLICATION- COVID19

The City of Menifee is offering Temporary Outdoor Expansion Permits to provide additional opportunity for existing personal services establishments located in the City of Menifee to expand their services outdoor within an approved area in accordance with Governor’s Reopening Plan. Permits granted under such provisions shall require the permittee to comply with the relevant Executive Orders, and all other applicable laws, including but not limited to those pertaining to public health and safety requirements. Businesses shall comply with all applicable State and County laws and regulations pertaining to outdoor operations under this provision. No fee shall be assessed for the processing of permit applications. Eligible businesses include hair salons, barber shops, nail salons, outdoor fitness, and outdoor church services.

**PLEASE ATTACH PHOTOGRAPH OF EXISTING AREA. DRAWING OR DEPICTION OF PROPOSED LOCATION AND LAYOUT OF OUTDOOR AREAS AND APPROVAL FROM RIVERSIDE COUNTY ENVIRONMENTAL HEALTH. THE PLAN SHALL INCLUDE ALL TABLES, CHAIRS, AND BARRICADES (IF LOCATED IN EXISTING PARKING AREA).**

NAME OF APPLICANT: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DAYS AND HOURS OF OUTDOOR SERVICES OPERATION:

\_\_\_\_\_ REQUESTED DURATION OF PERMIT:

\_\_\_\_\_, 2020 to \_\_\_\_\_, 2020

Property Owner's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone No: (\_\_\_\_) \_\_\_\_\_

### BUSINESS OPERATIONS

**CATEGORY:**

- Hair Salon / Barber Shop
- Nail Salon
- Outdoor Fitness
- Other: \_\_\_\_\_

Fully completed and signed applications must be submitted with the requested attachments via email to: [planning\\_submittals@cityofmenifee.us](mailto:planning_submittals@cityofmenifee.us)



### **CONDITIONS OF APPROVAL**

City of Menifee staff will contact the applicant to request additional information or to authorize proceeding with the outdoor set up. Prior to operation, a physical inspection of the outdoor area will be required. Temporary outdoor permits may be revoked at any time if the requirements herein or stated on the permit are not met or upheld during operation. The establishment is solely responsible for the arrangement or removal of all the physical elements within the outdoor area and restoration of the property to its existing condition upon the termination or expiration of this permit. Temporary Outdoor Permits issued shall automatically expire thirty (30) days after the end of the Statewide Declaration of Public Health Emergency unless sooner terminated.

**Riverside County Department of Environmental Health:** Riverside County Environmental Health shall provide clearance of the outdoor service area prior to operating. The applicant shall submit proof (in writing, email or letter from Environmental Health) stating the Environmental Health Department has approved the outdoor service area for hair salons, barber shops, nail salons and/or outdoor fitness prior to the approval of this permit

**Location:** The outdoor area must be set up on an existing hard surface and may not expand the width of the applicant restaurant's storefront/face; provided, however, that expansions beyond the host building storefront/face or property boundaries will be permitted if the affected adjacent property owner(s) consent in writing to this expansion. Extending in existing parking areas will be considered on a case- by-case basis only if no other opportunities exist for providing outdoor services. Should parking areas be proposed the outdoor areas shall not extend into existing drive aisles or fire access roadways. Vehicular and pedestrian circulation must be maintained. Tables shall be placed in a manner that observe at least six-foot social distance between groups of equipment and patrons.

**ADA Access:** The outdoor area shall not interfere with access under the Americans with Disabilities Act. Minimum 4-foot clear ADA access must be maintained

**Perimeter:** If proposed within existing parking areas, perimeter barriers shall enclose the outdoor area and properly separate the activity from adjacent activities and pedestrian traffic. The barrier shall be removable and not exceed 36 inches in height. The intent of the barrier is to provide protection to patrons and the public.

**Fixtures & Furnishings:** All tables, chairs, umbrellas, lighting and other accessories used in the outdoor area shall be removable, maintained in good visual appearance and condition at all times, and arranged within the perimeter barrier. Pop-up canopies and umbrellas must be secured to ensure safety.

**Hours:** Unless hours of operation are expressly extended or restricted by the permit, hours of operation for outdoor uses shall coincide with their normal hours of operation.

**Prohibited:**

- *Use of outdoor area for any other purpose than personal service and related circulation.*
- *Protrusions beyond the perimeter barrier*
- *Permanent attachment or erection of any outdoor features including new in-ground footings, bolt attachment, or driving of stakes.*
- *Amplified sound is not allowed.*



**I CERTIFY THAT I HAVE READ THE ABOVE STATEMENT OF CONDITIONS OF APPROVAL AND THAT ALL INFORMATION SUBMITTED IS CORRECT, I AGREE TO COMPLY WITH ALL LOCAL LAWS AND AUTHORIZE REPRESENTATIVES OF THE CITY OF MENIFEE TO ENTER UPON THE ABOVE-MENTIONED PREMISES FOR INSPECTION PURPOSES.**

I/We certify that I/we, the applicant for this proposed Temporary Use Permit are acting with the property owner's written permission through the signed areas below or with a notarized authorization letter from the property owner.

All signatures must be originals ["wet-signed"]. Photocopies of signatures are **not** acceptable.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**AUTHORITY FOR THIS APPLICATION IS HEREBY GIVEN:**

I certify that I am/we are the record owner(s) or authorized agent and that the information filed is true and correct to the best of my knowledge. (Authorized agent must submit a letter from the owner(s) indicating authority to sign in the owner's behalf. All signatures must be originals ["wet-signed"]. Photocopies of signatures are unacceptable).

SIGNATURE OF PROPERTY OWNER(S):

\_\_\_\_\_  
PRINTED NAME OF PROPERTY OWNER(S)

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER(S)

\_\_\_\_\_  
PRINTED NAME OF PROPERTY OWNER(S)

\_\_\_\_\_  
SIGNATURE OF PROPERTY OWNER(S)

If the subject property is owned by persons who have not signed as owners above, attach a separate sheet that references the application case number and lists the printed names and signatures of all persons having an interest in the property.