PMCCPOA

PINE MOUNTAIN CLUB COMMERCIAL PROPERTY OWNERS ASSOCIATION

Post Office Box 5246 Pine Mountain Club, CA 93222

SPECIAL USE PERMIT FOR PINE MOUNTAIN VILLAGE

Please submit applications 60 days prior to commencement of the use of event to ensure adequate review of the application by the PMCCPOA Board of Directors. In order for the PMCCPOA Board to process a Special Use Permit, the application fee must be submitted with the completed application. Depending on the type of event a Clean-Up/Damage Deposit may be required. All applicants for events in Pine Mountain Village must be Non-Profit Groups or a Member of the of Pine Mountain Club Commercial Property Owners Association in good standing.

		CHECI	K TYPE OF USE OR EVENT		
☐ Festival	☐ Motor Vehicle	□ Charity	☐ Theatre/Musical	☐ Wedding/Funeral	
☐ Other – D	escribe:				
☐ Guests wi	II be charged to attend.	If so, Admissio	n Charge: \$		
☐ Proceeds	will benefit:				
		DESCR	IPTION OF USE OR EVENT		
Location req	uested:				
Date(s) of Ev	vent:		Start of Set Up:	am/pm Tear Down:am/pm	
Time/Hours	Start of Set Up:am/pm Tear Down:am/pm ne/Hours of Event: Number of Volunteers: e of Volunteers: Anticipated Number of Attendees: Il food be served: ☐ Yes ☐ No Will food be prepared onsite: ☐ Yes ☐ No alth Permit Required: ☐ Yes ☐ No If so, please attach copy of your Health Permit Application. Once your Health rmit has been obtained, a copy must be provided to the PMCCPOA Board prior to this event.				
Age of Volun	nteers:		Anticipated Number of Atto	endees:	
Will food be	served: ☐ Yes ☐ N	lo Will food b	pe prepared onsite: Yes	s □ No	
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	be served: ☐ Yes ☐ the PMCCPOA Board pri	• •	• • • •	C application. ABC permit must be	
Will loud spe	eakers be used: Yes	□ No	Live entertainment: Ye	es 🗖 No	
Hours of live entertainment:			Provide a detailed description of the type of live		
entertainme	nt:				
THERE ARE N	NO RESTROOM FACILITI	ES IN THE VILL	AGE.		
Number of portable toilets being rented:			Number of hand washing stations:		
Number and	type of other temporar	y structures an	nd how will they be fastene	ed to the ground (i.e. easy ups):	
Will event re	equire Sheriff:	☐ No Highw	vay Patrol: ☐ Yes ☐ No	Private Security:	
Fire Departm	nent Personnel:	□ No	Ambulance: ☐ Yes ☐ No	0	

Provide any additional information you want the Board to consider or any special needs for the event on a separate sheet

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SUBMITTAL REQUIREMENTS

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