



CITY OF LA PALMA
OUTDOOR DISPLAY AND SEATING PERMIT APPLICATION
7822 WALKER STREET • LA PALMA, CALIFORNIA 90623-1771
(714) 690-3340 • FAX: (714) 523-2141

1. General Information:

Applicant Name:	Phone:	Fax:	
Address:	City:	State:	Zip:
Business Name:	Business License #:		

2. Type of Outdoor Space (Check all that apply)

Display Incidental Seating Other

3. Description of Outdoor Area:

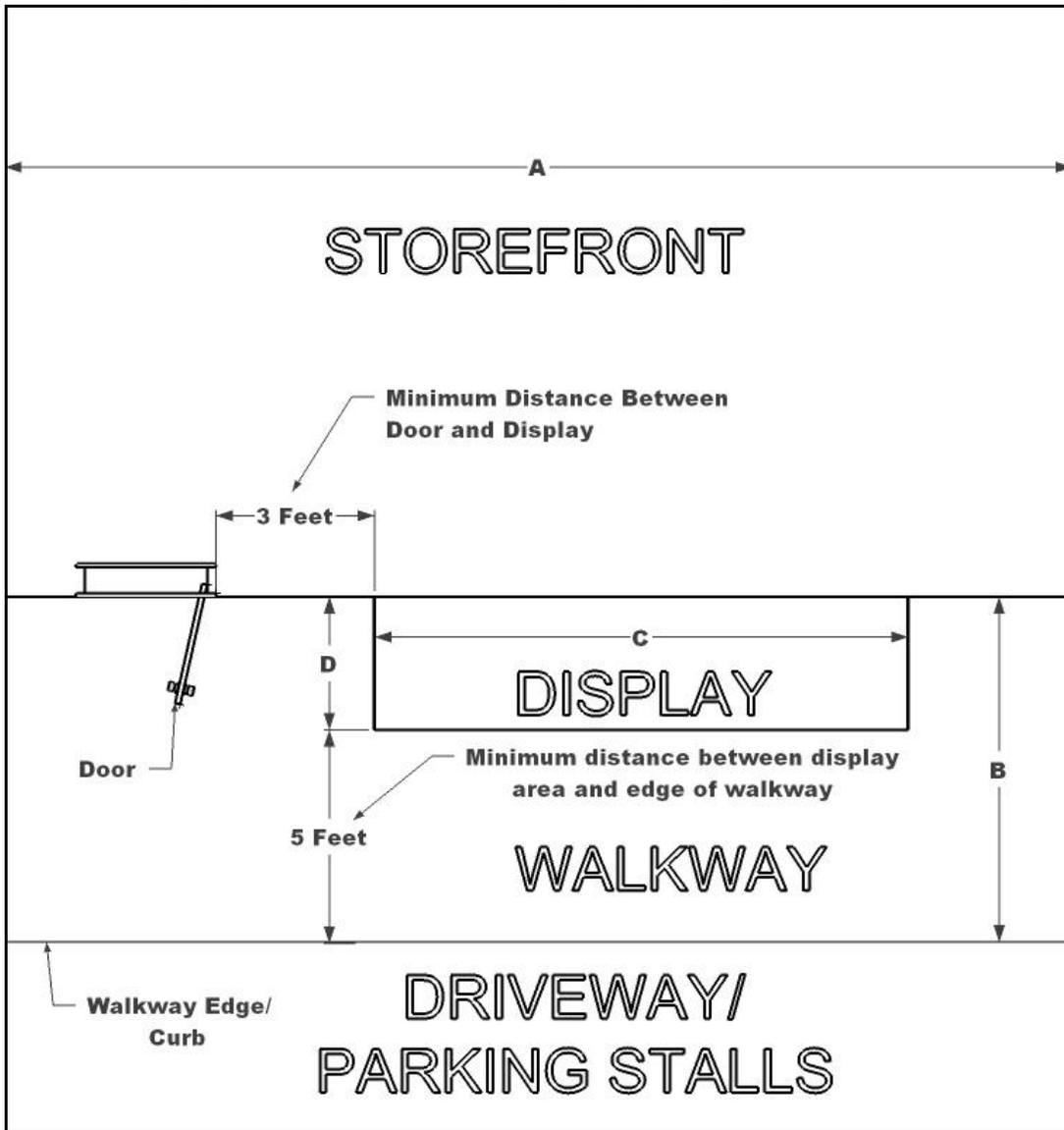
(i.e. I would like to setup an outdoor display along my storefront so that I can show my seasonal products)

4. Hours of Operation for Display and Incidental Seating Areas

Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____
Sunday _____ to _____

5. Please Include a Copy of Liability Insurance

OUTDOOR DISPLAY AREA CALCULATION DIAGRAM



Provide Calculation in box below

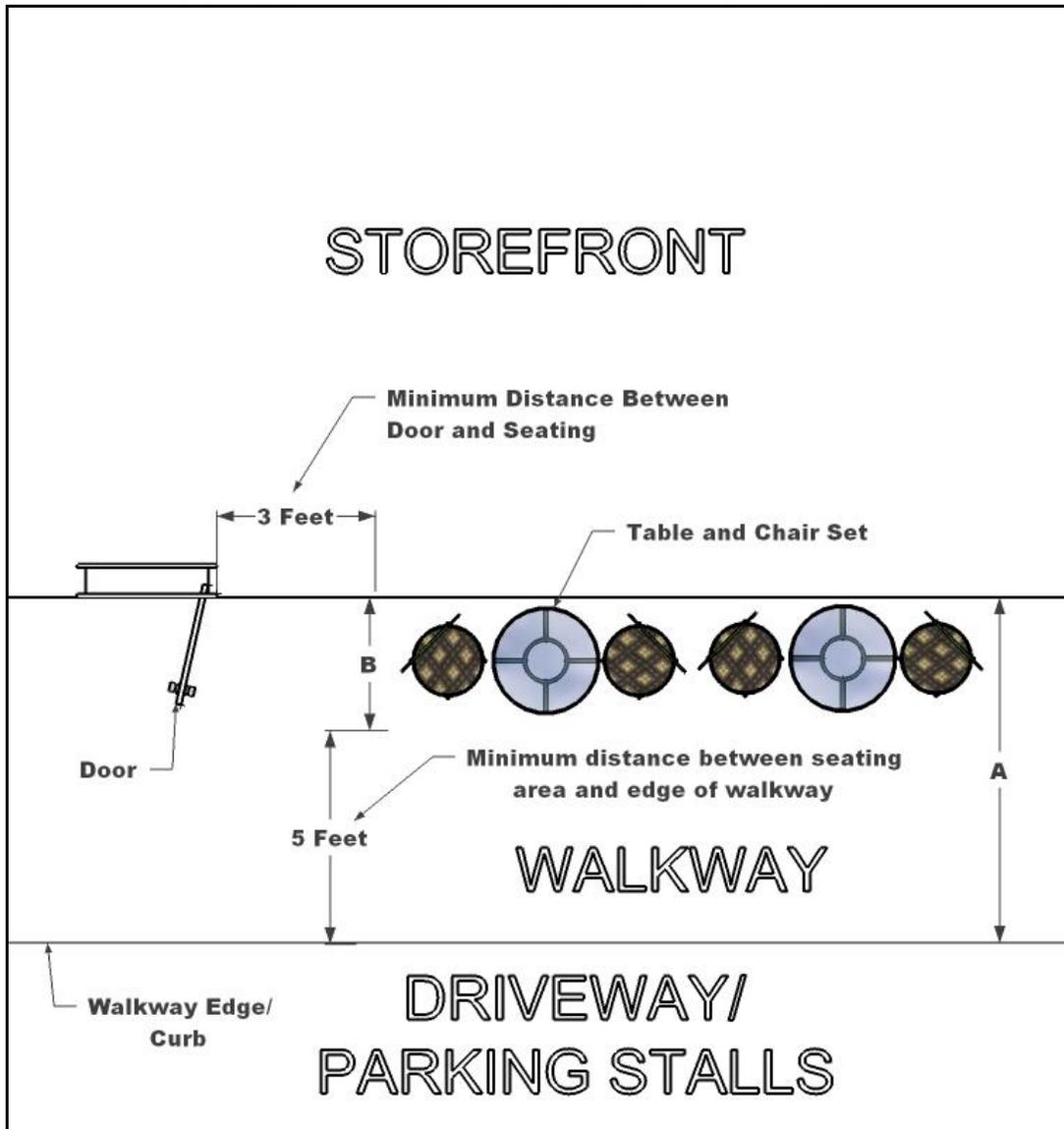
A= Total width of storefront = _____ linear feet

B= Total width of walkway from storefront to edge of walkway or curb = _____ linear feet

C= Total width of display area (Max.= A/2) = _____ linear feet

D= Total depth of display area (Max.= B – 5ft.) = _____ linear feet

OUTDOOR SEATING AREA CALCULATION DIAGRAM



Provide Calculation in box below

A= Total width of walkway from storefront to edge of walkway or curb = _____ linear feet

B = Total depth of display area (Max.= A- 5ft.) = _____ linear feet

C= Maximum Indoor Occupancy of Business = _____

D= Maximum Outdoor Seating Allowed (Max.= C/5) = _____

Number of Tables _____ (Max.= 5)

Number of Chairs _____ (Cannot be greater than 'D')

Applicant's/Owner's Pledge:

By signing below, you are stating that you understand and agree with all of the regulations and conditions in association with the outdoor area. If found to be in violation of any of the regulations and conditions, it is understood that the Outdoor Display and Incidental Seating Permit could be modified or revoked at the discretion of the Community Development Director or his/her designee.

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Checklist

(The following documents are attached)

STAFF REVIEW		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Completed Application
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Liability Insurance
<input type="checkbox"/>	<input type="checkbox"/>	Complete outdoor calculation diagram
<input type="checkbox"/>	<input type="checkbox"/>	Owner and Applicant Signature

APPROVED _____

DENIED _____

Reviewed by: _____

Office Use Only:

Date Received:

****If you have any questions feel free to contact the Community Development Department at (714) 690-3340**