



COUNTY OF SAN BERNARDINO – DEPARTMENT OF PUBLIC WORKS
PERMITS/OPERATIONS SUPPORT DIVISION - TRANSPORTATION

825 E. THIRD STREET, RM# 108
SAN BERNARDINO, CA 92415-0835
(909) 387-1863

SPECIAL EVENT – CHP FORM

****ALL INFORMATION BELOW MUST BE PRINTED & COMPLETED OR PERMIT ISSUANCE WILL BE WITHHELD****

TYPE OF EVENT PERMIT REQUESTED:

ANNUAL PARADE RUNNING BIKING OTHER _____

PERMITTEE _____

DATE(S) OF ACTIVITY _____

MAILING ADDRESS _____

ACTIVITY START TIME _____

CITY _____ STATE _____ ZIP CODE _____

ACTIVITY END TIME _____

AUTHORIZED SIGNATURE _____

PRINT NAME _____

TELEPHONE NUMBER () _____

I hereby agree, as a condition of the granting of this permit to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of the granting of this permit from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Permittee's indemnification obligation applies to the indemnitees' "active" as well as "passive" negligence but does not apply to the indemnitee's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

PLEASE INDICATE WHICH COUNTY ROAD(S) YOU WILL UTILIZE DURING THE EVENT (INCLUDE A MAP OF EVENT):

Prior to issuance of permit, a Certificate of Insurance must be filed with the County of SB Department of Public Works, Permits/Operations Support Division, showing coverage of at least \$1,000,000 General Liability Insurance. The Certificate of Insurance must list the **COUNTY OF SAN BERNARDINO AS ADDITIONALLY NAMED INSURED.**

WILL EVENT REQUIRE ANY OF THE FOLLOWING:

- _____ Closing of Road(s) - List: _____
- _____ Rerouting of Traffic - Provide a Detour Plan _____
- _____ Officers (as noted by California Highway Patrol below)
- _____ Traffic Control Devices
- _____ County Barricades

CALIFORNIA HIGHWAY PATROL: _____	OFFICE IN CHARGE OF ACTIVITY _____
<input type="checkbox"/> TRAFFIC CONTROL REQUIRED <input type="checkbox"/> TRAFFIC CONTROL <u>NOT</u> REQUIRED	AUTHORIZED SIGNATURE ON BEHALF OF CHP _____
COMMENTS: _____	DATE _____ (AREA CODE) PHONE NUMBER _____