

Application to Reserve Use of Parking

Port of San Diego Use Only	
Event Date _____	
Received _____	
Issued _____	

Applicant Information

Name	Mailing Address (street #, city, state & zip code)
Organization (if applicable)	
Primary Phone () _____ - _____	Email Address
Mobile Phone () _____ - _____	

Parking Request Information

Affiliated Event: _____

Park(s)/ Desired Location(s):

<input type="checkbox"/> Chula Vista Bayfront Park <input type="checkbox"/> Chula Vista Bayside Park North (Beachside) <input type="checkbox"/> Chula Vista Bayside Park South (Pier) <input type="checkbox"/> Chula Vista Marina View Park <input type="checkbox"/> Coronado Tidelands Park <input type="checkbox"/> Embarcadero Marina North <input type="checkbox"/> Embarcadero Marina South <input type="checkbox"/> Other: _____	<input type="checkbox"/> Harbor Island Park <input type="checkbox"/> Pepper Park <input type="checkbox"/> Ruocco Park North <input type="checkbox"/> Ruocco Park South <input type="checkbox"/> Shelter Island North (Gazebo) <input type="checkbox"/> Shelter Island Central (Beach) <input type="checkbox"/> Shelter Island South (Bell)	<input type="checkbox"/> North Embarcadero Waterfront <input type="checkbox"/> South Embarcadero Waterfront <input type="checkbox"/> Spanish Landing East (CSP) <input type="checkbox"/> Spanish Landing West (Beach) <input type="checkbox"/> CVBSP North Overflow (Dirt) <input type="checkbox"/> CVBFP Overflow (Dirt) <input type="checkbox"/> CV Lot Y (Dirt)
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Provide your information in the table below. *If unable to provide meter #s, attach a diagram(s) depicting the desired spaces.

Date(s)	Location	# of Spaces	*Meter #	Start Time	End Time

Port of San Diego Use Only : Total # Spaces _____ x Fee _____ = _____ **Grand Total**

Note: Depending on the activity or desired use of the requested parking area, a certificate of insurance (COI) may be needed. Your planned activity may also involve the support of traffic control officers, a parking service, or other support services as determined by Port staff. A Certificate of Insurance (COI) is required of all businesses that provide services on site at your event. All COIs must be attached to your completed application, per the attached Terms and Conditions.

Each certificate of insurance coverage must name the **San Diego Unified Port District** as an additional insured. Insurance coverage must be in force for the duration of the event, including setup through takedown days. The Port of San Diego requires a minimum of \$1,000,000 for personal and bodily injury, one person and one occurrence; and a minimum of \$1,000,000 coverage for property damage. The same organization named as the insured on the certificate of insurance should also be listed in the applicant blank on this permit application. The rights and privileges extended by this permit are **non-exclusive**.

For SDUPD use only:	BP # _____	Tran # _____	DM # _____
Parking \$\$ _____	Method of Payment: Cash Credit Card Check		# _____

Port of San Diego Approval

_____ Special Events Associate Signature	_____ Date
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