

# OAKPORT PROPERTY RENTAL 2024 LEASE INFORMATION

11+ acres of the EBMUD Oakport Property is available for temporary, shortto-medium term leases on a 'first come-first served' basis to qualified parties.

### **GENERAL LEASE REQUIREMENTS:**

| 0 | 2024Lease Rate | \$0.30/sq.ft./mon |
|---|----------------|-------------------|
| 0 | 2024Lease Rate | \$0.30/\$q.π./mo  |

- Non-Refundable Application Fee \$600.00
- \$10,000.00 Security Deposit in the form of a Cashiers Check
- Applicable City of Oakland Land Use Permits 0
- Commercial General & Auto Liability, Pollution Liability and Workers Compensation Insurance (must be on EBMUD forms)

### PROPERTY CONDITION:

Natural, relatively flat dirt lot, rented 'as-is'.

### SECURITY FENCING:

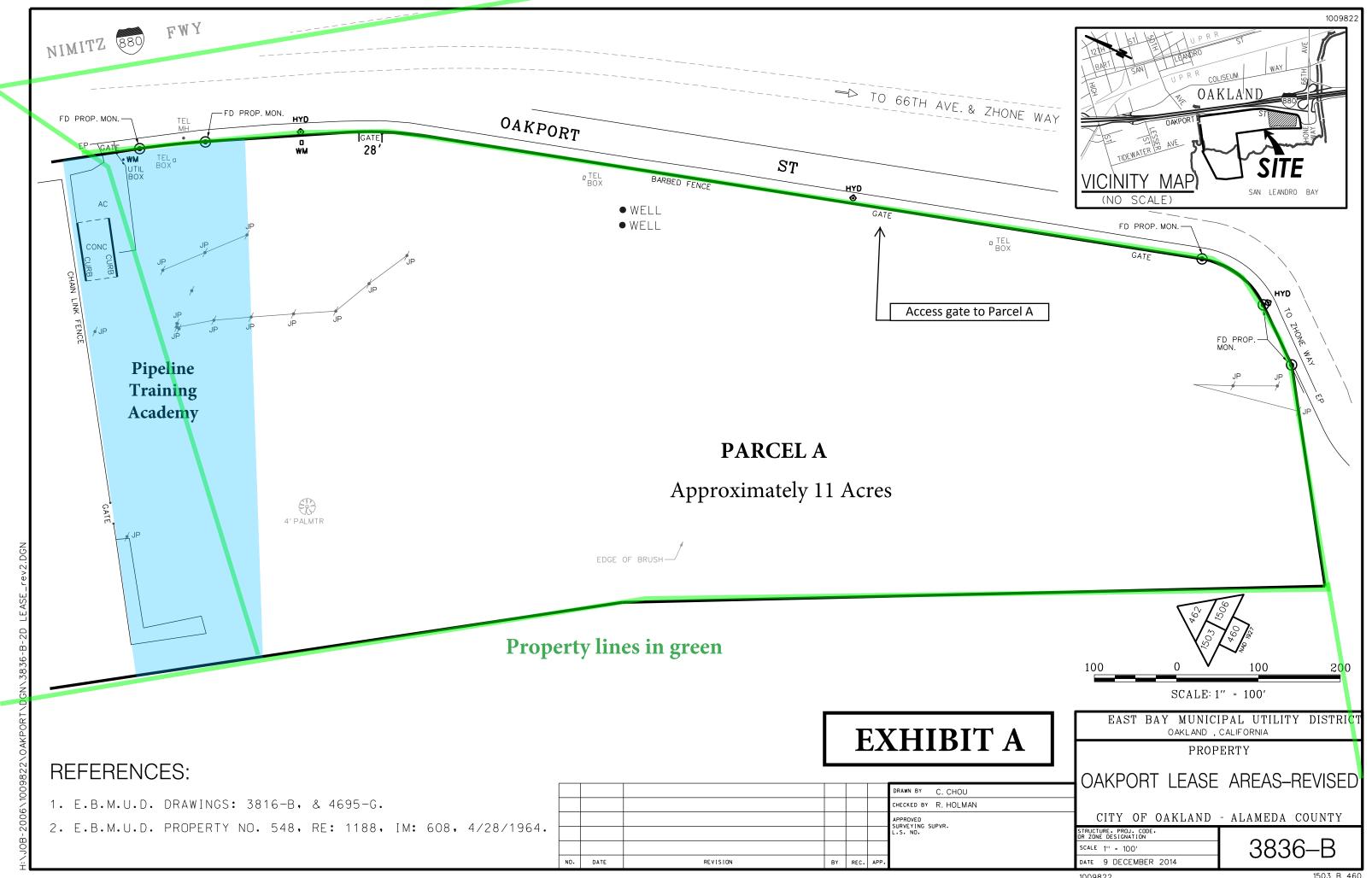
- o 4' high fencing in place along Oakport Street boundary of property. Lessee is responsible for site security and installation of temporary fencing around the perimeter of the leased area.
- Lessee responsible for the installation and removal of its own locks on the access gate to the Property.

### **UTILITIES:**

- Lessee responsible at its own cost and expense. Electrical Temporary hydrant meters are available for non-Water
- potable uses such as dust control.
- Lessee responsible for porta-johns at its own cost and No sewer available
  - expense.
- No refuse collection Lessee responsible for collection and removal of all refuse at its own cost and expense.

### For more information, please contact:

Lea Andalis (510) 287-1017 lea.andalis@ebmud.com



| File No:   |
|--|
| APPLICATION FOR USE OF EBMUD PROPERTY OR REQUEST FOR INFORMATION   |
| (Please complete this form with as much information as possible. Incomplete applications cannot be processed and will result in delays in the District's response time.)   |
| APPLICANT NAME:  |
| FIRM (if applicable):  |
| ADDRESS:   |
| <b>PHONE:</b> Home: Cell:  |
| ADDRESS/LOCATION OF EBMUD PROPERTY (Street address, Map exhibit or Assessor's Parcel Number)   |
| USE REQUESTED (Give a complete description of your project. Attach an extra sheet, if necessary):  |
|  |
|  |
|  |
|  |
|  |
| ARE OTHER COUNTY/CITY APPROVALS OR PERMITS REQUIRED?  YES  NO  If yes, please give details:  |
|  |
|  |
|  |
| Under the California Environmental Quality Act (CEQA) your request to use EBMUD property may be considered a project which requires completion of environmental documentation. Has any type of environmental documentation (Negative Declaration or Environmental Impact Report) already been completed for this project? If so, please submit a copy of that documentation, highlighting the area(s) which specifically deal with your requested use of EBMUD property. |
| ADDITIONAL COMMENTS/REMARKS:   |
|  |
|  |
|  |

M17-01.02 Rev. 1/19/17

**NOTE:** If your project involves any soils studies, engineering plans or environmental documentation, these documents must be attached in duplicate with this application.

# EAST BAY MUNICIPAL UTILITY DISTRICT OAKPORT PROPERTY RENTAL - ADDITIONAL INFORMATION

| Date:      |  |  |  |
|------------|--|--|--|
| Applicant: |  |  |  |
| Company:   |  |  |  |
| Address:   |  |  |  |
| Email:     |  |  |  |
| Phone:     |  |  |  |
|            |  |  |  |

Acreage required (inc. preferred shape of rental area):

Dates of operation (inc. setup and packdown):

Hours of operation (eg. 7am - 5pm):

Description of property use (eg. vision, goal, examples of experience with similar uses):

Estimated number of attendees:

Food and drink vendors - Y/N:

- Alcohol Y/N (if yes, please list types):
- Food vendors (eg. food trucks, mobile kitchens etc.):
- Other beverages or hospitality:
- Area required:

#### Entertainment - Y/N:

- Types of entertainment:
- Area required:

### Utilities required - Y/N:

- Types of utilities needed:
- Contact made with respective provider Y/N

Temporary structures, site improvements, other installations - Y/N:

- Details regarding temporary improvements:
- Area required:

Site security (EBMUD is not responsible for providing event or site security):

Parking spaces (no. of spaces and area required):

Are County or City approvals or permits required - Y/N:

Under the California Environmental Quality Act (CEQA) your request to use EBMUD property may be considered a project which requires completion of environmental documentation. Has any type of environmental documentation (Negative Declaration or Environmental Impact Report) already been completed for this project? If so, please submit a copy of that documentation, highlighting the area(s) which specifically deal with your requested use of EBMUD property.

Any other relevant information to accompany application:

**NOTE:** If your project involves any soils studies, engineering plans or environmental documentation, these documents must be attached in duplicate with this application.



# CERTIFICATE OF COMMERCIAL GENERAL, and AUTO LIABILITY INSURANCE

| THE FOI<br>District<br>Insured<br>Address  | S: ON AND DESCRI  | RIBED POLI | Real E<br>375 11<br>P.O. B<br>Oaklan<br>ICY HAS BEEN<br>PROJECT/AGR | EEMENT:  |                       |      | quired by agreement.               |
|--|---|------------|---|--|-----------------------|------|------------------------------------|
|  | OF LIABILITY:<br>(MINIMUM)  |            |   | odily Injury, Property<br>odily Injury, Property |                       |      |                                    |
| SELF INSURED RETENTION   |   | TION (\$): | Aggregate Lim   | (AUTO)   |                       | (GL) | (if applicable)<br>(if applicable) |
| INSURANCE COMPANY(IES):  (Auto)  (GL)  POLICY NUMBER(S):  (Auto)  (GL)  (GL)  POLICY TERM: From: (Auto)  (GL)  To: (Auto)  (GL)  THE FOLLOWING COVERAGES OR ENDORSEMENTS ARE INCLUDED IN THE POLICY(IES):  1.   The District, its Directors, Officers and Employees are Additional Insureds in the policy(ies) as to work being performed. |   |            |   |  |                       |      | ,                                  |
| <ol> <li>2. ⊠</li> <li>3. ⊠</li> <li>4. ⊠</li> </ol>   | under this agreement. ENDORSEMENT NO  The coverage is <i>Primary and non-contributory</i> to any other applicable insurance carried by the District.  The policy(ies) covers <i>contractual liability</i> .  The policy(ies) is written on an <i>occurrence</i> basis.  |            |   |  |                       |      |                                    |
| <ul><li>5. ⊠</li><li>6. ⊠</li></ul>  | The policy(ies) covers District's Property in Lessee's care, custody and control.  The policy(ies) covers <i>personal injury</i> (libel, slander, and wrongful entry and eviction) liability.   |            |   |  |                       |      |                                    |
| 7.   | The policy(ies) covers explosion, collapse, and underground hazards.  |            |   |  |                       |      |                                    |
| 8.   | The policy(ies) covers products and completed operations.   |            |   |  |                       |      |                                    |
| 9. X<br>10. X  | The policy(ies) covers the use of <i>owned, non-owned</i> and hired automobiles.  The policy(ies) and/or a separate pollution liability policy shall cover pollution liability for claims related to the release or the threatened release of pollutants into the environment arising out of or resulting from Lessee's performance under this agreement. |            |   |  |                       |      |                                    |
| 11. 🛚  | The policy(ies) will not be canceled nor the above coverages/endorsements reduced without 30 days written notice to East Bay Municipal Utility District at the address above.   |            |   |  |                       |      |                                    |
| IT IS HEREBY CERTIFIED that the above policies provide liability insurance as required by the agreement between the East Bay Municipal Utility District and the insured.   |   |            |   |  |                       |      |                                    |
| Signed<br>Address  | 3   |            |   |  | Firm<br>Date<br>Phone |      |                                    |



## **CERTIFICATE OF POLLUTION LIABILITY INSURANCE**

| EBMUD                          |                               |   |   |
|--------------------------------|-------------------------------|---|---|
| THIS IS TO CERTIFY TO:         |                               | East Bay Mui<br>Real Estate S<br>375 11th Stre<br>P.O. Box 240<br>Oakland, CA | et, MS: 903<br>55   |
| THE FOLLOWING DESCR            | BED POL                       | ICY HAS BEEN  | ISSUED TO:  |
| District Contract Numbe        | r:                            |   |   |
| Insured:                       |                               |   |   |
| Address:                       |                               |   |   |
| LOCATION AND DESCRIP           | TION OF I                     | PROJECT/AGR   | EEMENT:   |
| TYPE OF INSURANCE:             | Pollutio                      | n Liability (If Cla   | ims Made Basis, need a three year tail)   |
| MINIMUM LIMITS OF LIAB         | ILITY:                        | \$1,000,000 €   | each claim - \$2,000,000 aggregate.   |
| INSURANCE COMPANY:             |                               |   |   |
| POLICY NUMBER:                 |                               |   |   |
| POLICY TERM:                   | From:                         |   | То:   |
| POLICY TAIL:                   | From:                         |   | To:   |
|                                |                               | IT IS HEREB   | vill not be canceled nor the above coverage reduced without 30 days written notice to East Bay Municipal Utility District at the address above.  Y CERTIFIED the above policy provides insurance as required by nent between East Bay Municipal Utility District and the Insured. |
|                                |                               | Signed:   | Authorized Signature of Broker, Agent, or Underwriter   |
| Date:                          |                               | Firm:   |   |
|                                |                               | Address:  |   |
|                                |                               | Phone:  |   |
| the policies listed herein. No | otwithstand<br>fication of in | ing any requiren<br>nsurance may be   | surance policy and does not amend, extend, or alter the coverage afforded by nent, term or condition of any contract or other document with respect to e issued or may pertain, the insurance afforded by the policies described itions of the policies."                         |
|                                |                               |   |   |



### CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

| THIS IS TO CERTIFY TO:            |           | Real Estate<br>375 11th Str<br>P.O. Box 24 | unicipal Utility District (EBMUD) Services (RL) eet, MS: 903 055 4 94623-1055  |
|-----------------------------------|-----------|--|--|
| THE FOLLOWING DESCR               | RIBED F   | POLICY HAS                                 | BEEN ISSUED TO:  |
| District Contract Number          | er        |  |  |
| Insured:                          |           |  |  |
| Address:                          |           |  |  |
| LOCATION AND DESCRI               | PTION     | OF PROJECT                                 | 7/AGREEMENT:   |
| TYPE OF INSURANCE:                | Worke     | rs' Compensa                               | tion Insurance as required by California State Law.  |
| INSURANCE COMPANY:                |           |  |  |
| POLICY NUMBER:                    |           |  |  |
| POLICY<br>TERM:                   | From:     |  | To:  |
|                                   |           | IT IS HEREI                                | will not be canceled nor the above coverage reduced without 30 days written notice to East Bay Municipal Utility District at the address above.  BY CERTIFIED the above policy provides insurance as required by ment between East Bay Municipal Utility District and the Insured. |
|                                   |           | Signed:                                    | Authorized Signature of Broker, Agent, or Underwriter  |
| Date:                             |           | Firm:                                      |  |
|                                   |           | Address:                                   |  |
|                                   |           | Phone:                                     |  |
| "This certificate or verification | of insura | ance is not an i                           | nsurance policy and does not amend, extend, or alter the coverage afforded by  |

the policies listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate or verification of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of the policies."