

Initials _____

FEE:	_____
BLOCK:	_____ LOT: _____
QUALIFIER:	_____



ZONING PERMIT APPLICATION FOR RESTAURANT OUTDOOR SEATING

Start Date: June 15, 2020 End Date: October 31, 2020

***ALL COMPLETED APPLICATIONS MUST INCLUDE the following for a complete submittal:
(3) Copies of the Site Plan/Survey of the property indicating where the seating area is proposed.

PLEASE PRINT:

- Applicants Name: _____ Tel No. _____
Applicants Address: _____
- Property Owner's Name: _____ Tel No. _____
Property Owner's Address: _____
- Location of Property for which Zoning Permit is desired - Zone: _____
Street Address: _____ **BLOCK/LOT:** _____
- Number of TABLES: _____
Number of CHAIRS: _____
Hours of Operation: _____

5. INSPECTION BY HEALTH DEPT IS REQUIRED PRIOR TO COMMENCEMENT OF DINING FACILITY*

***ALL APPLICATIONS MUST BE SIGNED:**

Applicant Signature	Print Name(Applicant)
Property Owner Signature OR Designated Agent	Print Name (Owner)

OFFICE USE ONLY:

Based on the information submitted and the requirements of the Township Ordinance, Your application for a Zoning Permit is hereby: **APPROVED** _____ **DENIED** _____

Comments on Decision: _____

Zoning Officer	Date
Health Officer	Date