

FOR OFFICIAL USE ONLY:

Date Received: _____

Received By: _____

CITY OF MILFORD**COVID-19****APPLICATION FOR TEMPORARY OUTDOOR DINING AREA PERMIT**

Date of Application: _____

Name of Establishment: _____

Address: _____

Business Owner: _____

Owner of the Property or Facility: _____

Contact Person: _____

Contact Person Telephone: _____ Email: _____

I am applying for the following (check all that apply):

- ☐ A permit for a new Temporary Outdoor Dining Area
- ☐ A permit for an Expanded Temporary Outdoor Dining Area
- ☐ A permit from the Milford Health Department for an Existing Outdoor Dining Area for which I have already obtained the proper permits
- ☐ A tent covering an Outdoor Dining Area

Outdoor Dining, Patron and Staff Areas

The proposed Outdoor Dining Area shall not obstruct Fire Department access to the building or any fire protection feature required for fire suppression activities. Use the questions below as a guide to select the right location for your Outdoor Dining Area.

	YES	NO
Is your proposed Outdoor Dining Area located in an existing parking or driveway (paved) area?		
Is your proposed Outdoor Dining Area adjacent to, or in proximity of a residential zone or use? A home or apartment?		

	YES	NO
Will you restrict your hours of operation and service of your proposed Outdoor Dining Area?		
Does your proposed Outdoor Dining Area take away or affect driveway access?		
Does your proposed Outdoor Dining Area require temporary barriers to secure the seated patrons from vehicular traffic?		
Does your proposed Outdoor Dining Area provide a layout with a minimum of six (6) feet between the backs of chairs at each table when occupied.		
Does your proposed Outdoor Dining Area provide controlled and monitored public access to your lavatory facilities?		
Does the location of your proposed Outdoor Dining Area impede the remaining vehicular circulation or parking on the site? (consider any other tenancies on the site)		
Have you obtained authorization and consent from the property owner and affected tenants to utilize a parking area that may otherwise be shared		
Does your proposed Outdoor Dining Area include a sound system or outdoor music?		

Dining Area Enclosure & Covering

If you are proposing to enclose or cover your Outdoor Dining Area in any manner, use the questions below as a guide for what additional information will be required for approval.

	YES	NO
Will your proposed Outdoor Dining Area be enclosed in any way? (This includes fencing, gating, rope barriers, etc.) If yes, this should be included in your Site Plan Sketch.		
Will you be providing additional lighting or electric service to your proposed Outdoor Dining Area? Will lighting impact neighboring properties?		
Will you be providing any emergency lighting for proposed Outdoor Dining Area?		

I _____, the Applicant, submit this Application for Temporary Outdoor Dining Area in compliance with Governor Lamont's Executive Order 7MM dated 05/12/20 and in compliance with the City of Milford Health Department guidelines and authorization located at:

https://www.ci.milford.ct.us/sites/milfordct/files/uploads/mhd_outdoor_dining_guidelines_check_list_return_to_service_nonmed_face_covering_05112020.pdf

I have attached a Site Plan Sketch, and, where applicable, written authorization / consent to use shared parking and proof of NFPA 701 Flammability Standards Compliance.

I agree to comply with the Site Plan Sketch, as approved, as well as any terms and conditions noted thereon.

I understand the approval and enforcement of this Temporary Outdoor Dining Area Permit is contingent upon meeting the required specifications set forth herein and in the City of Milford Restaurant Guidelines for Outdoor Dining During Covid-19 and that the City of Milford may revoke this Permit at any time and for any reason in the event there is any failure to abide by these Guidelines, Governor Lamont's Executive Orders, or any other laws, rules or regulations of any state or local governing authority.

Property Owner Signature: _____ Date: _____

Property Owner Printed: _____

Business Owner Signature: _____ Date: _____

Business Owner Printed: _____

APPLICATION CHECKLIST:

- ☐ APPLICATION FORM, SIGNED AND DATED
- ☐ SITE PLAN SKETCH
- ☐ WRITTEN AUTHORIZATION / CONSENT TO USE SHARED PARKING FOR TEMPORARY OUTDOOR DINING AREA (IF APPLICABLE)
- ☐ PROOF OF NFPA 701 FLAMMABILITY STANDARDS COMPLIANCE (IF APPLICABLE)

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APPROVED:

- ☐ Health Department Electronic Approval Received & Attached
- ☐ Fire Marshall Electronic Approval Received & Attached

Permitting and Land Use

By:_____ Date:_____

APPROVED WITH CONDITIONS (see attached) :

- ☐ Health Department Electronic Approval Received & Attached
- ☐ Fire Marshall Electronic Approval Received & Attached

Permitting and Land Use

By:_____ Date:_____

DENIED (see attached):

Permitting and Land Use

By:_____ Date:_____