

DATE:	Yearly Fee: \$25.00	PERMIT:				
	ANNUAL OUTDOOR DINING					
	PERMIT APPLICATION					
	YEAR:					
The	following sections I-V shall be completed by the applicant and app Rockaway prior to all temporary outdoor dining	•				
I.	Property Information: Business Name:					
	Block:Lot:Zone:					
II.	Property Owner Information: Name:					
	Address:Cell:Cell:					
	Owner's Consent Signature:					
III.	Applicant Information:					
	Name:Email:					
	Address:					
	Telephone:Cell:					
IV.	Description of Outdoor Dining:					
V.	Checklist for Zoning Permit Application:					
	Begin and End Date of Outdoor Dining:					
	2. Hours of Operation:					
	3. Will Outdoor seating reduce available parking on site? If so, number of spaces impacted					
	YesNo					
	Number of spaces impacted					

4. Will any part of the proposed temporary dining area be located within a public way?					
	Yes	No			
5.	A. Survey or	plot plan shov f outdoor sea	ving location, ting arrangen	with this application: , size and number of tables and seating area. ments with measurements. n.	
Note: Tents, car	nopies, sails wi	l require a bu	ilding permit	and electrical permit if lighting is used.	
INSURANCE:					
		_	-	urance with a minimum of \$1,000,000 for each in St. Rockaway, NJ as additionally insured.	
CERTIFICATION	<u>:</u>				
permit applicati	ion including and I have supplie	ny attachment	ts. I further ce	with all the information contained in this ertify that if any of the information or rate, or incomplete that I am subject to the	
Signatur	e of Applicant			Date	
******	********			*************	*
			<u>OFFICIAL US</u>		
Department Re	view	Арр	provals	Comments	
Zoning Official/	 /Date	YES	NO		
Fire Official/Da	 te	YES	NO		
			rough of Rock	ckaway away, NJ 07866 Cash or Check #	_