

Date:



COVID-19 Permit #

The Township of Chatham
COVID-19 TEMPORARY OUTDOOR DINING
Permit Application
NO Fee is required

As per Resolution R-20-100 and in accordance with the Governor's Executive Order No. 150, the following Sections I-V shall be completed by the applicant and approved by The Township of Chatham prior to all temporary outdoor dining.

I. Property Information:

Business Name:		
Address:		
Block:	Lot:	Zone:

II. Property Owner Information:

Name:	
Address:	
Telephone (H):	Cell:
Owner's Consent Signature:	

III. Applicant Information:

Name:	Email:
Address:	Cell:
Telephone: (H)	

IV. Description of Temporary Outdoor Dining/Retail:

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V. Checklist for Zoning Permit Application:

1. Begin and End Date of Outdoor Dining	
2. Hours of Operation	
3. Applicant has obtained a COVID-19 Expansion Permit to allow licenses to expand the sale and service of alcoholic beverages onto areas adjacent to or contiguous with the licensed premises. A copy of the Expansion Permit shall be attached to this application if applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No Permit No: _____ <input type="checkbox"/> N/A
4. Will any part of the proposed temporary dining area be located within a public right of way?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The following items must be submitted with this application: A. Survey or plot plan showing location, size and number of tables and seating area (no tents will be permitted). B. Diagram of outdoor seating arrangements with measurements. C. If applicable, temporary lighting plan. D. If to be located within a parking lot or sidewalk, temporary public safety plan.	



Specific COVID-19 Operation Conditions of this permit

By submitting its certification below, the applicant acknowledges the following:

1. Applicant has received the Governor’s Executive Order #150 (E.O. 150) and Executive Directive 20-014 (E.D. 20-014) from the NJ Department of Health;
2. In addition to all the requirements of applicable law for retail dining establishments, the applicant has the legal obligation to comply with all applicable directives required by E.O. 150 and E.D. 20-014 as a condition of its receipt of this permit to operate outdoor dining services;
3. Applicant understands and accepts the fact that its failure to fully comply with all of the requirements of E.O. 150 or E.D. 20-014 shall result in the Township’s summarily revoking or suspending this permit until full compliance is deemed to have been achieved by the Madison Heath Department.
4. Applicant’s failure to comply with each and every aspect of the approved/permittted plan for outdoor dining, shall subject the applicant to the Township’s revocation or suspension of this permit until full compliance has been deemed to have been achieved by the Zoning Officer, the Township Construction Official, or the Township Engineer.

CERTIFICATION:

I certify that I have personally examined and am familiar with all of the information contained in this permit application including any attachments. I further certify that if any of the information or statements that I have supplied are willfully false, inaccurate, or incomplete that I am subject to punishment.

_____ Signature of Applicant _____ Date

FOR OFFICIAL USE ONLY		
Department Review	Approvals	Comments
_____ Zoning Official Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Health Officer Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Engineering Department Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Construction Official Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Police Department Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ Fire Official Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	