



**Town of North Branford  
Connecticut**

**TEMPORARY PERMIT FOR  
OUTDOOR DINING AND RETAIL  
USES**

Date Submitted: ____ / ____ / ____	<input type="checkbox"/> Approved <input type="checkbox"/> Approved w/ Conditions <input type="checkbox"/> Denied (Date ____ / ____ / ____)	Date Approved: ____ / ____ / ____ Exp. Date: ____ / ____ / ____ (No Later than Aug. 31, 2020)
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(check one)

Existing Outdoor Dining  
 New Outdoor Dining Approval

Modification for Existing Outdoor Dining Approval  
 Retail

1. Location Address: \_\_\_\_\_
2. Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_
3. Name of Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_
4. Zone: \_\_\_\_\_ Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_
5. Please Answer The Following:

<b>Occupancy</b> Approved Indoor Seating: _____ Proposed Capacity: _____ (50% Maximum Capacity)	<b>Alcohol Service</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, provide copy of liquor Permit)	<b>Will Area Be In a Right of Way*</b> (check all that apply, separate permits may be required) <input type="checkbox"/> Sidewalk <input type="checkbox"/> Parking Lot <input type="checkbox"/> Town Street <input type="checkbox"/> DOT R.O.W. <input type="checkbox"/> State Road	
<b>Electricity/ Lighting*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Tents*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Heating*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signs*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Hours of Operation</b> (Sun. through Thurs. 9 p.m., Fri. & Sat. 11 p.m. Max)			

\*If the answer to this question is yes, additional permits or review may be required by the Fire Department, Building Department, or CT State D.O.T.

6. **TEMPORARY APPROVAL** - Any approval granted for new retail or outdoor dining area, or a modification to existing outdoor dining/retail area is temporary and shall expire upon the cessation of any Executive Order prohibiting indoor dining/retail or no later than August 31, 2020. Extension may be requested with limitations. Certain elements of this approval such as those under the jurisdiction of the Building Official, Fire Marshal, or East Shore Health District, may have conflicting expiration dates. It is the responsibility of the applicant to renew any lapsing permits with any such coordinating authorities in the case they expire prior to the suspension of the Executive Order limiting outdoor dining and retail.

7. **INSURANCE** – If any portion of the proposed area is on Town property and/or within the Town right-of-way, the applicant must provide a certificate of insurance showing commercial general liability insurance with amounts of \$1 million per occurrence/ \$2 million general aggregate. The Town of North Branford must be included as additionally insured and confirmed by providing a certificate of insurance. If alcohol is served, the Town requires liquor liability coverage of \$1 million per occurrence with the Town listed as additionally insured.
8. By signing this document, I affirm that I have reviewed and agree to adhere to all state executive orders, rules or guidelines established for this business. The applicant understands that this application is to be considered complete only when all information and documents outlined under "**Standards and Submissions**" have been submitted. In addition, by signing below, the applicant confirms their understanding of any terms or conditions applied to the permit if approved, particularly the expiration date. Under no circumstances shall any temporary certificate be considered a permanent approval, and no permanent rights will vest with the recipient.

Date: \_\_\_\_\_

*Signature of Applicant/Business owner*

Date: \_\_\_\_\_

*Signature of Property Owner*

**STAFF USE ONLY**

<b>Fire Department</b>	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ____/____/____	
Print: _____	Signature: _____		
Comments/ Conditions:			
<b>Zoning Department</b>	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ____/____/____	
Print: _____	Signature: _____		
Comments/ Conditions:			
<b>Building Department</b>	Permits Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: ____/____/____
Print: _____	Signature: _____		
Comments/ Conditions:			

North Branford Temporary Outdoor Dining/ Retail Permit

**Police Department** Permits Required:  Yes  No Approved:  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CT D.O.T** Permits Required:  Yes  No Approved:  Yes  No Date: \_\_\_\_/\_\_\_\_/

**ESDHD** Permits Required:  Yes  No Approved:  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments/ Conditions:

## **STANDARDS AND SUBMISSION REQUIREMENTS**

### **Applications must be accompanied by the following:**

A survey site plan of the property and written narrative outlining the proposed or modified dining facilities. Contact the Planning & Zoning Department to determine if a survey is available. If a survey is not available, the applicant can provide a site plan on a printout of the property obtained from the Town's GIS mapping. Click the following link: [North Branford GIS](#)

1. Applications will be accepted via mail and via email ([zeo@townofnorthbranfordct.com](mailto:zeo@townofnorthbranfordct.com)). Attention Tom Hogarty, Zoning Enforcement Officer.
2. The required survey/site plan must illustrate:
  - a. The location of any tables, tents (no tent walls are permitted), waitstaff stations, waste receptacles, or any applicable furniture associated with the operation.
  - b. An outline of the maximum area, including scaled dimensions, to be used for the operation.
  - c. The path to be used by waitstaff for service to and from the kitchen.
  - d. Bathroom facility location.
  - e. Minimum 6-foot pathways for pedestrian access must be shown if area to be used is on a sidewalk.
  - f. The survey/site plan must be drawn to scale. Failure to do so will impact staff's ability to assess the operation and may result in delays.
  - g. Dining areas should be located as close to the indoor establishment as possible and attempt to avoid surrounding residential or institutional properties.
  - h. Describe the outdoor dining/ retail area surface. (i.e. asphalt, concrete, lawn, etc.)
  - i. If found to be necessary privacy measures will be required and must be shown on the plan.
  - j. The plan shall also include any proposed temporary heaters, generator, hand sanitizing stations, Electrical supply and distribution, lighting, temporary signage, barricades/vehicle impact protection, fire extinguisher location.
3. If outdoor dining service cannot be provided on existing patios, decks (or lawns if permitted by the East Shore Health District), the use of a portion of the parking area may be used for dining. However, the following considerations must be addressed:
  - a. The site plan must demonstrate that parking is adequate for the proposed outdoor seating.
  - b. A plan to ensure the safety of patrons including, but not limited to adequate protection from vehicular intrusion into the outdoor dining area.
  - c. If parking is shared, no approval may be granted to use a parking area that adversely affects another business owner.
  - d. The means by which this is accomplished must be shown on the site plan. If the means of protection is unable to stop a moving vehicle, it cannot be accepted.
  - e. Adequate emergency vehicle access must be considered for the outdoor dining area as well as nearby businesses.
4. The application must include a statement of use outlining all operations including:
  - a. Employee training and preparation.
  - b. Social distancing plan.
  - c. Implementation of safety measures, particularly where dining in active parking lots is requested.
  - d. Privacy measures taken to minimize disturbance (if any) to abutting uses.
  - e. Hours of operation and days of week.
  - f. Service plan: path followed by servers, refuse disposal, use of tableware and intermediate disinfection.

- g. Alcohol plan: where and when served if outside of existing permitted areas.
- h. Evidence of insurance if public property is to be used.

5. Applications involving the use of tents must also be reviewed by the Building Official and Fire Marshal. You are urged to contact them before applying to ensure that appropriate supporting materials are included with your application submittal.
6. Applications involving the use of Vehicular Rights of Way (State and Town Roads) will not be considered.
7. Applications will be reviewed by the East Shore Health District, and the Building Official, Fire Marshal, and Planning & Zoning Administrator. Please contact them before submitting this application to help avoid delays.
8. Filing Fee: There shall be no filing fee for this application.