



FEE: _____
BLOCK: _____ LOT: _____
QUALIFIER: _____
APPLICATION FEE: <u> \$50 </u>

ZONING PERMIT APPLICATION
FOR TEMPORARY EXPANDED RESTAURANT OUTDOOR SEATING

Applications shall be submitted to the Construction Office at construction@lambertvillenj.org.
 Application Fees should be submitted to:
 18 York Street, Lambertville NJ 08530 ATTN: Construction Office

*****ALL COMPLETED APPLICATIONS MUST INCLUDE the following for a complete submittal:
 Electronic Copy of a Diagram of the property indicating where the seating area is proposed.**

PLEASE PRINT:

1. Applicants Name: _____ Tel No. _____
 Applicants Address: _____
2. Property Owner's Name: _____ Tel No. _____
 Property Owner's Address: _____
3. Restaurant Name: _____ Tel No. _____
 Restaurant Address: _____

Zone District: _____ **BLOCK/LOT** _____

4. TOTAL NUMBER OF EXISTING AND PROPOSED TABLES AND CHAIRS ON THE PREMISES:

EXISTING TABLES: _____ PROPOSED TABLES: _____
 EXISTING CHAIRS: _____ PROPOSED CHAIRS: _____

5. Will the proposed seating area be covered/enclosed? YES NO

6. IF the answer to number 5 is YES, Please give a brief description of the enclosure being proposed:

Tent size: _____ Roof Size: _____

**Note that tents/enclosures may require fire and construction permit approval too*

***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 Zoning Ordinance, Your application for temporary outdoor seating is hereby: **APPROVED** _____ **DENIED** _____

Comments on Decision: _____

 Zoning Officer Date