



Town of Greenwich
Planning & Zoning Department
Town Hall – 101 Field Point Road, Greenwich, CT 06830-2540
Phone: (203)622-7894 – Fax: (203)622-3795

OUTDOOR DINING PERMIT RENEWAL APPLICATION

Administrative approval is available **if** the following conditions are met:

- 1. No changes in the scope of operation (i.e. hours of operation, number of seats, etc.),**
- 2. No changes to previously approved Outdoor Dining site plan, and**
- 3. No violations reported by Zoning Enforcement or Health Departments.**

*Planning and Zoning Commission Approval is required if modifications are proposed in scope of operations or site plan. Consequently, the attached forms should **not** be used. Contact the Planning and Zoning office for the site plan application to be submitted to the Planning and Zoning Commission.*

The following items must be submitted to the Planning and Zoning Department for outdoor dining renewal. Please allow two weeks after application submission for public comments prior to issuance of department administrative approval.

- Application Form;
- A check made payable to the Town of Greenwich. Refer to the “Fee Schedule” for the amount due, plus an additional \$60 State fee.
- Agent Authorization letter if applicant is not property owner;
- Certificate of Mailing for Affidavit of Notification to adjoining property owners (including properties across the street);
- Proposed months and hours of operation;
- The number of seats to be removed from inside;
- Seating plan for indoor dining (including distribution of bar vs. restaurant seating) and the outdoor dining, existing number and layout of parking spaces provided, etc. **(3 sets of plans required);**
- Written verification that all conditions & provisions of previous application approval have been satisfied and will be adhered to;
- Provide proof of Liability Insurance if Outdoor Dining area is located on a Town Sidewalk.
- Please be advised that a temporary permit issued by the Building Department needs to be obtained following P&Z approval and prior to the start of the outdoor dining use.**

Applicants are responsible for obtaining sign-offs from the Zoning Enforcement Division (within the Building Department – 2nd floor), the Environmental Health Division of the Health Department (3rd floor), and the approval of the Commission and of Public Works for use of sidewalk areas located on Town property. Please have someone in the Zoning Enforcement Division and Health Department Staff initial the proper box on the Application form before submitting to Planning and Zoning. The Health Department MUST also include an approval stamp on the submitted plan along with the staff initializing the outdoor dining permit renewal application prior to submittal to Planning & Zoning. Thank you.

All applicants must make an appointment to submit this application with the Applications Coordinator, Peter Mangs, who can be reached by (email) Peter.Mangs@greenwichct.org or (phone) 203-622-7894.



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SITE PLAN ADMINISTRATIVE FORM

Property Address: _____

Tax Account Number(s): _____ Zone(s): _____ Lot Area: _____

Owners Name: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Agent Name: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Please select all relevant items below:

- Accessory Apartment, Affordable
- Accessory Apartment, Elderly
- Coastal Site Plan
- Outdoor Dining
- Soil Erosion and Sedimentation
- Special Event/Tent Review
- Utility of Telecommunications Facility
- Other: _____

Description of Activity or Work Proposed:

Previous Review/Approvals by P&Z (Date And Number): _____

Total Building Square Footage (or total site work area):

Present Use: _____ Proposed Use: _____

Square Footage: _____ Square Footage: _____

For staff use only:

Reviewed by:

Town Planner: _____ Senior Planner: _____

Asst. Town Planner: _____ Planner: _____

(2 signatures required- one must be Town Planner as per §6-13; Town Planner may waive full Commission review of small scale projects but require approval of ARC where appropriate.)

See Attached Conditions of Approval

To be completed by P&Z staff only:

Check # _____ Check Amount: \$ _____

Application # _____



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**AFFIDAVIT OF NOTIFICATION OF APPLICATION FOR
REZONING/SPECIAL PERMIT/SITE PLAN/SUBDIVISION**

(STATE OF CONNECTICUT)
(COUNTY OF FAIRFIELD)): GREENWICH

I (name), being first duly sworn, do hereby certify that on (date), I caused to be mailed, postage prepaid, to those persons whose names are set forth on Exhibit A attached hereto a copy of the notice attached hereto as Exhibit B. Said persons were the record owners, as of (date) as shown on the Town Tax Assessor's Office records of property abutting (as said term defined in Sec. 6-14 (a)(3) of the Greenwich Building Zone Regulations) the property belonging to (owner name) for which an application for (type of application) has been filled with the Greenwich Planning and Zoning Commission.

Subscribed and sworn to
Before me on

Notary Public

EXHIBIT A

Obtain complete name and mailing address of record owners of property that abut the applicant's property, and all lots or portions of lots that are across a street.

This information is available in the Tax Assessor's Office on the street card file.

EXHIBIT B

To Whom It May Concern:

Notice is hereby given that (name of applicant) has filed an application with the Greenwich Planning and Zoning Commission for (type of application) approval for (address).

Further information concerning this application may be obtained by contacting the Planning and Zoning Commission.

Signature



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CERTIFICATE OF MAILING

An affidavit pursuant to Sec. 6-14(a)(16), certifying that all abutting property owners have been notified by mail as evidenced by a certificate of mailings or certified or registered mail receipts, about said application. Owners of lots, or portions of lots, which are across a public or private street shall be deemed to be abutting property. For projects which require preliminary review by the Conservation Commission, the notice shall be sent by the applicant two weeks prior to any scheduled hearing date by the Conservation Commission.

U.S. POSTAL SERVICE	CERTIFICATE OF MAILING
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE-POSTMASTER	
Received From: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
One piece of ordinary mail addressed to: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	

Affix fee here in stamps or meter postage and post mark. Inquire of Postmaster for current fee.

PS Form **3817**, January 2001

SUBMIT THE FOLLOWING FOR ALL P+Z APPLICATIONS:

EXHIBIT A

A schedule of names and addresses shown on a GIS map with lot lines indicating the location of the notified property owners. (This may be obtained from the GIS Office in Town Hall, Ground Floor)

EXHIBIT B: Sample notification letter

To whom it may concern:

Notice is hereby given that (name of the applicant) has filed an application with the Town of Greenwich Planning and Zoning Commission for (type of application) approval for (address).

Further information concerning this application may be obtained by contacting the Planning and Zoning Commission at 203-622-7894.

Signature

CERTIFICATE OF MAILING

ACORD - CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED	INSURERS AFFORDING COVERAGE:	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE: 1,000,000.00 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE: 2,000,000.00 PRODUCTS - COMPROP AUG
B		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (EA ACCIDENT): 1,000,000.00 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION: \$ 10000				EACH OCCURRENCE: 5,000,000.00 AGGREGATE
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER				E.L. EACH ACCIDENT: 2,000,000.00 E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

<p>CERTIFICATE HOLDER</p> <p>Town of Greenwich Purchasing Dept. 101 Field Point Road Greenwich, CT 06830</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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