



<i>FOR OFFICE USE ONLY</i>	
App No.:	_____
App Type Code:	_____
Tax ID #: 02-	_____
App Date:	_____

ZONING PERMIT APPLICATION

(TEMPORARY OUTDOOR DINING ON PRIVATE PROPERTY)

SECTION 1 - Complete in its entirety. Application will NOT be accepted unless all spaces are FULLY completed.

Location	Street Address of Establishment/Restaurant Using the Outdoor Dining Area:
	Name of Establishment/Restaurant Using Proposed Outdoor Dining Area:
	Location of Proposed Outdoor Dining Area:

Applicant	Contact Person:
	Mailing Address:
	Phone # Cell #
	E-Mail Address:

OPERATION INFORMATION	Maximum number of occupants permitted in current Establishment/Restaurant:
	Number of seats lost in current Establishment/Restaurant due to Social Distancing:
	Number of seats within the Proposed Outdoor Dining Area:
	Number of Parking Spaces lost due to Proposed Outdoor Seating:
	Hours of Operation for the Proposed Outdoor Dining Area:
	Dimensions and Description of Proposed Outdoor Dining Area:

Applicant/Owner Initial: _____ Date: _____

The City of Frederick, Maryland
Building Department
ZONING PERMIT APPLICATION
(TEMPORARY OUTDOOR DINING ON PRIVATE PROPERTY)

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APPLICANT/OWNER CERTIFICATION: The Applicant/Owner hereby certifies and agrees as follows:

That I am the owner, or authorized by the owner to act in their behalf as the owner's agent to make this Application. That the information given herein is true and correct and that all occupancy under this application will comply with all applicable Federal, State and Local Regulations. That occupancy will be in accordance with and as indicated on the approved site and building plans, review comments, agreements, specifications, etc., unless otherwise approved by the Division Manager of the Building Department. That the Division Manager of the Building Department can revoke the Zoning Certificate or stop occupancy under the Zoning Certificate for non-compliance with the agreement in part or in whole and that all fees are non-refundable and non-transferable. I further understand and agree that plans will be reviewed, inspections made and occupancy certificates issued; however, I assume ultimate responsibility for compliance of all codes, regulations, etc.

Before the Temporary Outdoor Dining Area for which this permit is applicable may be occupied or used for any purpose, a Certificate of Use & Occupancy must be obtained

*PROPERTY OWNER

SIGNATURE: _____
*PROVIDE NOTARIZED AFFIDAVIT FROM PROPERTY OWNER if signed by anyone other than Property Owner

Property Owner Name (as listed on Deed): _____ Date: _____

Mailing Address: _____

Phone No.: _____ Cell No: _____

E-mail Address: _____

105.3.2 Time limitation of application. An application for a permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such application has been pursued in good faith or a permit has been issued; except that the building official is authorized to grant one or more extensions of time for additional periods not exceeding 90 days each. The extension shall be requested in writing and justifiable cause demonstrated.

SECTION II (For Office Use Only)

Zoning Certificate Fee: \$ _____ Date Paid: _____ Rec'd by: _____

Reviewed By: _____ APPROVAL DATE: _____

Building Review (Blue) Planning Review (Green) Fire Code Review (Yellow) Other _____ Other _____

Applicant/Owner Initial: _____ Date: _____