



# TEMPORARY ZONING PERMIT APPLICATION FOR OUTDOOR DINING

Property Address: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_ Email: \_\_\_\_\_

- | <i>Describe any proposed changes—</i>   | <i>Describe existing:</i> | <i>Describe proposed:</i> |
|---|---------------------------|---------------------------|
| <input type="checkbox"/> Number of seats  | _____                     | _____                     |
| <input type="checkbox"/> Number of employees  | _____                     | _____                     |
| <input type="checkbox"/> Signage  | _____                     | _____                     |
| <input type="checkbox"/> Number of parking spaces available                                   | _____                     | _____                     |
| <input type="checkbox"/> Use of public sidewalk/street  | _____                     | _____                     |
| <b>**Note: use of sidewalk requires Sidewalk Café Permit from Property Maintenance Office</b> |                           |                           |
| <input type="checkbox"/> Location of alcohol sales  | _____                     | _____                     |
| <b>**Note: outdoor alcohol sales requires license from PA Liquor Control Board</b>            |                           |                           |

**Applicant must read and initial each line, and sign below:**

\_\_\_\_ I am the Applicant named above and am authorized by the Property Owner to request this temporary zoning permit application;

\_\_\_\_ I understand that if a permit is issued, it does not give me permission to occupy the public right of way (including streets and sidewalks);

\_\_\_\_ I agree to comply with any and all guidance issued by the Governor of Pennsylvania and/or Secretary of Health applicable to restaurants permitted to operate during the COVID-19 disaster emergency;

\_\_\_\_ I understand that any permanent changes extending beyond the duration of this temporary approval may require a new zoning permit, and that it is my responsibility to obtain such permits if required;

\_\_\_\_ I understand that if the property is located in a historic district, I must obtain written authorization from the Historic Preservation Office before making any changes to the exterior of a property or installing signage;

\_\_\_\_ I understand that if zoning approval is granted, it does not relieve me from the responsibility to obtain inspections, certificates, or permits from other City offices or from the state as applicable.

**NOTICE: IT IS A CRIME UNDER PENNSYLVANIA LAW (18 Pa. C.S. § 4904) TO MAKE A FALSE STATEMENT TO PUBLIC OFFICIALS.**

**By signing this form, I declare under penalty of law that the above information is accurate:**

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

If signed by the zoning officer and accompanied by the original zoning permit, this form is valid as a temporary zoning permit which is valid until October 15, 2020, or until 30 days after the Governor of Pennsylvania has allowed indoor seating in restaurants in Berks County, whichever is later.

OFFICE USE ONLY	ZONING DIST.	ZONING PERMIT #	ZONING OFFICER SIGNATURE
TAX PARCEL (UPI) #	HISTORIC DIST.	COMMENTS	APPROVAL DATE

