

PERMIT FEE \$50.00

Received _____

Check# _____

Due Before 4/30/2020

BOROUGH OF SURF CITY
813 Long Beach Blvd.
Surf City, NJ 08008
609-494-3064

2020 OUTDOOR SEATING PERMIT APPLICATION (expires 12/31/2020)

PERMIT # _____ (Completed by Zoning Dept.)

Date _____

Business Name _____ **Block** _____ **Lot** _____

Address _____ **Phone Number** _____

Business Owner Name _____

Business Owner Email _____

Mailing Address _____ **Phone Number** _____

Property Owner Name* _____ **Phone Number** _____

***(If property owner is not business owner, attach letter acknowledging seating proposal OR property owner may email gracepitner@surfcitynj.org to confirm their approval of seating proposal)**

APPROVED INDOOR SEATING NUMBER _____ **PROPOSED OUTDOOR NUMBER OF SEATS** _____

Description of Seating Requested (number of tables and chairs)

Description of Seating Location on Property* _____

***(Survey and Photograph must be attached showing proposed location of seating within property boundary per Ordinance 2019-06)**

- I hereby certify that _____ will comply with all of the provisions set forth in
(Business Name)
Ordinance 2019-06 for Outdoor Seating.

Signature

Date

.....
Zoning Approval Signature _____ **Date** _____

(Original to Borough, copy to Police Department and copy to applicant with Ordinance 2019-06 attached)