



Town of Clinton
OUTDOOR ACTIVITIES APPLICATION
(Per Executive Order No. 7MM)
54 East Main Street
Clinton, Connecticut 06413
Phone: (860) 669-6133 FAX: (860) 664-4469

Email completed applications to ldemaria@clintonct.org

Outdoor Dining/Retail Application Process

In response to the Executive Order issued by the Governor's Office and in an effort to streamline the approval process, the Town of Clinton has developed the following process for reviewing and issuing permits for Temporary Outdoor Dining. While this application is for **zoning approval only**, additional departments and their potential needs have also been outlined before for clarity.

It is each applicant's responsibility to ensure all necessary approvals and inspections have been obtained.

Planning and Zoning:

The application form attached below must be completed in full before it can be evaluated and approved by staff. Incomplete applications will be denied. **There is no application fee required to be submitted.** A certificate will be issued to the applicant upon approval for display on the property.

Fire Marshal/Chief:

The site plan required as part of this application will be provided to the Fire Marshal and Fire Chief for review and comment. Please note:

- Heaters will not be allowed in tents
- Adequate access to on site water supplies (fire hydrants, sprinklers etc) will be required.
- Adequate building access for both fire apparatus and firefighters will be required.
- Physical barriers between vehicle traffic and pedestrian areas will be required.

Building Department:

All aspects of the Building Code are still in effect. Permits, submission materials and inspections are still required.

- All temporary tents greater than 400SF require a building permit and must have open sides.
- Lighting within temporary tents is prohibited.
- Building permits may be submitted at https://landuse.clintonct.org/Clinton_CT/newapplication.asp

Health Department (CRAHD):

The CT River Area Health District will issue an independent approval for temporary outdoor dining. Each applicant is responsible for contact CRAHD to identify what is required to obtain a Health approval. CRAHD may be reached at 860-661-3300 or at <http://www.crahd.org/>

Local Traffic Authority:

Any proposal for temporary outdoor dining that involves the use of Town owned property in some fashion will first require approval from the Local Traffic Authority.



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Date Received
Office Use Only

Application Number

Application for Temporary Outdoor Dining or Retail

Property Address: _____ Zone District: _____

Business Name: _____

Applicant(s) Name: _____

Address: _____

Email Address: _____ Phone: _____

Requesting Approval For: (circle) Outdoor Dining Outdoor Dining w/ Alcohol* Outdoor Merchandise Display

Description: _____

*Note: Alcohol service is only available to current liquor permittees.

By signing this document, I affirm that I have reviewed and agree to adhere to all state executive orders, rules or guidelines established for this business.

Electronic copy of application and all data and plans in support of application to include:

- Narrative Describing Proposal to include: hours of operation, tents, # tables, # seats, occupancy of bar or restaurant, service plan, liquor service, social distancing plans (see ReopenCT guides for details and requirements) and details of any temporary signage.
- Sketch Plan (reasonably accurate scale) for layout shall include: location of all improvements, electricity, dimensions, seating plan, bathroom locations, barriers/protection between vehicles and seating areas, lighting, tents/umbrellas, traffic flow, trash receptacles and all proposed signage.
- Evidence of Insurance if public property is to be used, and approval from Local Traffic Authority.
- Such other information required by the Town after the application is reviewed

The Town requires that a complete and detailed application is submitted to ensure the safety of customers, employees and the public. Therefore, any incomplete application may be denied. The Town reserves the right to deny an application where it is deemed that the proposed activity would result in undue impacts on public health, safety and welfare.

I hereby certify that the above information and plans submitted are true and correct. The undersigned hereby authorizes the application requested and authorizes Town of Clinton staff the right to enter the subject property for the purposes of inspection associated with this application. The application/appeal process is detailed in Executive Order 7MM.

Applicant's Signature: _____ Property Owners Signature: _____

Office Use Only

Approved

Denied _____

Zoning Enforcement Official

Date