

TOWN OF LISBON
TEMPORARY ZONING PERMIT APPLICATION FOR OUTDOOR ACTIVITIES
(COVID -19 EMERGENCY)

PLEASE CHECK THE BOX BELOW AND COMPLETE THE REQUIRED APPLICATION:

_____ ZONING ENFORCEMENT OFFICER'S ADMINISTRATIVE REVIEW OF OUTDOOR ACTIVITIES AT ELIGIBLE COMMERCIAL SITES
AND/OR USES IN ACCORDANCE WITH GOVERNOR'S EXECUTIVE ORDER 7MM

PROJECT DESCRIPTION:

PROJECT NAME: _____ ZONING DISTRICT: _____

PARCEL IDENTIFICATION INFORMATION

STREET ADDRESS OF PROPERTY IF AVAILABLE: _____

CORRESPONDENCE WILL BE SENT TO APPLICANT. ALSO SEE NOTES 1 and 2 BELOW:

➤ APPLICANT/AGENT: _____ TELEPHONE: _____
ADDRESS: _____ EMAIL: _____
➤ OWNER / TRUSTEE: _____ TELEPHONE : _____
ADDRESS: _____ EMAIL: _____

1. TO BE ACCEPTED BY THE ZONING ENFORCMENT OFFICER, THIS APPLICATION MUST BE COMPLETED, SIGNED BY THE PARTIES LISTED BELOW, AND SUBMITTED WITH ITS ACCOMPANYING CHECKLIST.
2. THE SUBMITTAL OF THIS APPLICATION CONSTITUTES THE PROPERTY OWNER'S PERMISSION FOR THE COMMISSION, ITS STAFF, OR ITS CONSULTANT TO ENTER THE PROPERTY FOR THE PURPOSE OF INSPECTION.

SIGNATURE OF APPLICANT/AGENT _____ PRINTED NAME OF APPLICANT/AGENT _____
DATE: _____

SIGNATURE/RECORD OWNER _____ PRINTED NAME/RECORD OWNER _____
DATE: _____

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APPLICATION SUBMITTAL DATE: _____ NO FEES REQUIRED PER EXECUTIVE ORDER 7MM

APPROVED _____ APPROVED WITH CONDITIONS _____ DENIED _____

THIS IS A TEMPORARY PERMIT, WHICH IS EFFECTIVE UNTIL THE EMERGENCY DECLARATION IS LIFTED.

Zoning Enforcement Officer DATE: _____

Conditions attached to ZEO action, or any reasons for denial, shall be detailed below:

This checklist and sketch plan shall accompany any request for a **Temporary Zoning Permit Application for Outdoor Activities** during the COVID-19 emergency in accordance with the Governor's Executive Order 7MM.

Project Name: _____

CHECKLIST AND GUIDELINES FOR OUTDOOR ACTIVITIES PERMITTING. REVIEW EACH ITEM AND CHECK OR DESIGNATE N/A. PLEASE NOTE THAT UNCAS HEALTH DISTRICT APPROVAL OF THE PLAN AND OPERATIONS FOR RESTAURANTS IS REQUIRED PRIOR TO ZONING ENFORCEMENT OFFICER APPROVAL.

- ☐ Outdoor restaurant seating is requested (limited to 50% of indoor seating capacity). The attached sketch plan includes dining area dimensions, tables, outdoor capacity and number of seats, any temporary structures, any utility appurtenances, and safe pathways to tables and restrooms per health guidelines. See Uncas Health District guidelines for restaurants as you prepare the plan.
- ☐ The plan for the outdoor activity addresses community mitigation strategies in compliance with the Executive Order and includes provisions for promoting social distancing, enhancing space to improve air movement, and to protect the public health. A copy of the plan has been referred to the Health District.
- ☐ Outdoor alcohol service in conjunction with food service is requested (stand alone alcohol not permitted)
- ☐ Outdoor COVID signage (maximum 15 s.f.) is requested (if so, clarify size and locations on sketch)
- ☐ Additional exterior lighting is being requested (if so, clarify locations and intensity on sketch)
- ☐ The activity is located solely on the subject property (if on neighboring property must be zoned properly and approval must be obtained from property owner)
- ☐ Outdoor activities would end after 11:00 pm on Friday and Saturday, and after 9:00 pm other days (special approval is required from ZEO if this box checked)
- ☐ Outdoor retail is being requested (this is for activity that does not accompany a restaurant)

SKETCH PLAN (roughly to scale and/or including dimensions). Attach information as necessary.