

DEPARTMENT OF  
ECONOMIC  
DEVELOPMENT  
ZONING OFFICE

515 WATCHUNG  
AVENUE  
PLAINFIELD, NEW  
JERSEY 07063

# TEMPORARY OUTDOOR DINING PERMIT APPLICATION

## City of Plainfield

- THERE IS NO FEE FOR THIS APPLICATION -

Adrian O. Mapp, Mayor

Valerie L. Jackson, Department  
Director

For any questions, please  
contact N'dela Costley, Zoning  
Officer  
ndela.costley@plainfieldnj.gov

### Applicant Information (Please check one point of contact)

Property Owner  Point of Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Business Owner  Point of Contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Delivery:  US Mail  E-mail, Provide: \_\_\_\_\_

### Location Information

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ (If applicable, please include building and suite #)

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_ (Note: Please leave Block, Lot & Zone if unknown)

This application must include a sketch of the proposed outdoor area, to scale as best as possible, depicting the dining area (including tables and chairs), sales areas (including display tables and registers), temporary structures, parking, vehicular and pedestrian traffic flow, physical barriers, signage and lighting.

#### The proposed outdoor dining area must meet the following standards:

- Tables and chairs cannot impede accessibility, pedestrian walk, travel ways, vehicular traffic or fire lanes.
- Executive Order No. 150 Limits seating to a maximum of eight (8) customers per table and requires seating to be arranged to achieve a minimum distance of six feet (6 ft) between parties. **Note: Six-foot radius from the chair of one table (party) to any chair of another table (party).**
- Prohibit smoking in any outdoor areas designated for the consumption of food and/or beverages.

Have you read Executive Directive No. 20-014 entitled Covid-19 Protocols for Food or Beverage Establishments Offering Service in Outdoor Areas Pursuant to Executive Order 150, and do you propose as part of this application to adhere to all of the mandated protocols in Section 1, impose requirements on employees in Section 2, and institute policies with respect to customers in Section 3?

Yes / No

By signing this application, you are certifying that the above stated information is accurate and the documentation submitted with this application is a true representation of the property with the exception of anything proposed by this application and if applicable, that you verified that your liquor license permits serving of alcohol outdoors. Furthermore, you are acknowledging that this application is temporary relief to support business operations while applicable COVID-19 restrictions are in effect due to State Executive Orders, or other Federal or State requirements are imposed due to the COVID-19 pandemic. Any approval ultimately granted is subject to change whenever a new Executive Order, or Federal or State requirements are added or changed. The Zoning Officer and other Officials deemed appropriate reserve the right to inspect the property if approved to verify compliance with the authorized zoning permit.

Property Owner Signature & Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(REQUIRED - Please sign and print)

Applicant Signature & Name (if different): \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY:

Date Received: \_\_\_\_\_ ZPAN #: \_\_\_\_\_ Decision Date: \_\_\_\_\_ Deadline Date: \_\_\_\_\_  
Zoning Review: \_\_\_\_\_  
Health Review: \_\_\_\_\_  
Fire Safety Review: \_\_\_\_\_  
Police Review: \_\_\_\_\_