



TOWN OF OLD SAYBROOK

Certificate for Outdoor Activities

Application for Temporary Certificate COVID-19 Pandemic

Date Received: _____

10 DAY ACTION DEAD LINE: _____

Application No.: _____

Application Fee: None.**APPLICANT INFORMATION**

Business Name: _____	
Applicant's Name: _____	Telephone No: _____
Address: _____	E-Mail Address: _____
Owner's Name: _____	Telephone No.: _____
Address: _____	

PROPERTY INFORMATION

Property Address: _____		
Assessor's Map: _____	Lot: _____	Zoning District(s): _____
Lot Size (s.f.): _____	Corner lot: Yes or No _____	Street Width: _____

PROJECT INFORMATION/PROPOSAL*Check all that apply.*

<input type="checkbox"/> Outdoor Seating Expansion	<input type="checkbox"/> New Outdoor Seating Request
<input type="checkbox"/> Outdoor Alcohol Sales (indoor sales to new outdoor sales)	<input type="checkbox"/> Outdoor Alcohol Sales (existing permit)
<input type="checkbox"/> Tent Proposed	<input type="checkbox"/> Outdoor Activity Proposed Over Property Line
<input type="checkbox"/> Outdoor Retail or Service	<input type="checkbox"/> Outdoor Activity Off-site
<input type="checkbox"/> Other. Please describe in attached narrative	<input type="checkbox"/> Covid Signage (15 s.f. or less)
APPLICATION Checklist	
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Project Narrative

OWNER/APPLICANT'S ACKNOWLEDGMENT OF ACCURACY & UNDERSTANDING OF TEMPORARY APPROVAL

I understand that any approval granted for new outdoor activities, or a modification to existing outdoor activities is temporary and shall expire upon the cessation of any Executive Order prohibiting indoor dining or limiting indoor activities. Certain elements of this approval such as those under the jurisdiction of the Building Official, Fire Marshal, Police Chief or CT River Area Health District, may have conflicting expiration dates. It is the responsibility of the applicant to renew any lapsing permits with any such coordinating authorities in the case they expire prior to the suspension of the Executive Order 7MM limiting restaurants to outdoor dining only. By signing this application, I acknowledge receipt of a copy of the application instruction form which includes the Appeals process. I understand that this temporary permit will expire and any activities or uses that may be approved as part of this application will not constitute an establishment of a pre-existing non-conformity.

All information submitted with this application is true and accurate to the best of my knowledge. The applicant understands that this application is to be considered complete only when all information and documents outlined under **"Application Requirements"** have been submitted. In addition, by signing below, the applicant confirms their understanding of any terms or conditions applied to the permit if approved, particularly the expiration date. Under no circumstances shall any temporary permit for new outdoor dining, modified outdoor dining or outdoor retail activities extend beyond the ability of the applicant to resume normal business (pre-pandemic operations).

_____, Applicant/Agent Date: _____

REQUIRED REVIEWS

BUILDING OFFICIAL: Thomas Makowicki	Building Permit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Not Req'd			
Approved by: _____		Date: _____	
CT RIVER AREA HEALTH DISTRICT (CRAHD)			
<input type="checkbox"/> Not Req'd			
Approved by: _____		Date: _____	
FIRE MARSHAL: Peter Terenzi			
<input type="checkbox"/> Not Req'd			
Approved by: _____		Date: _____	
ZONING ENFORCEMENT OFFICER: Christina M. Costa			
<input type="checkbox"/> Not Req'd			
Approved by: _____		Date: _____	
CHIEF OF POLICE: Michael A. Spera			
<input type="checkbox"/> Not Req'd			
Approved by: _____		Date: _____	