



DATE: _____

Yearly Fee: \$25.00

PERMIT: _____

ANNUAL OUTDOOR DINING

PERMIT APPLICATION

YEAR: _____

The following sections I-V shall be completed by the applicant and approved by The Borough of Rockaway prior to all temporary outdoor dining.

I. Property Information:

Business Name: _____

Address: _____

Block: _____ Lot: _____ Zone: _____

II. Property Owner Information:

Name: _____

Address: _____

Telephone: _____ Cell: _____

Owner's Consent Signature: _____

III. Applicant Information:

Name: _____ Email: _____

Address: _____

Telephone: _____ Cell: _____

IV. Description of Outdoor Dining:

V. Checklist for Zoning Permit Application:

1. Begin and End Date of Outdoor Dining: _____

2. Hours of Operation: _____

3. Will Outdoor seating reduce available parking on site? If so, number of spaces impacted

Yes _____ No _____

Number of spaces impacted _____

