

APPLICATION FOR
TEMPORARY ZONING PERMIT
SEASONAL OUTDOOR DINING
CITY OF BRIDGEPORT, CONNECTICUT

1. Name of Petitioner: _____

2. Business Name: _____

3. Address of Property: _____

4. Assessor's Map Information: Block No. _____ Lot No. _____

5. Existing Zone Classification: _____

6. Dining Area Dimensions: _____

Signature: _____ Date: _____

If Signed By Agent State Capacity: _____

Mailing Address: _____ Phone: _____

(NO P.O. BOX)

_____ Fax: _____

Cell: _____

\$ 100.00 Fee received Date _____ 20____. Clerk _____

THIS APPLICATION MUST BE SUBMITTED IN PERSON AND WITH THE FOLLOWING:

- Site Plan shall meet the requirements of Section 14-2-3 of the Zoning Regulations.
- Fire Marshall Stamp (location & capacity)
- Fee of \$100.00
- Authorization to use the public sidewalk.
- An approval from the Zoning Board of Appeals for liquor service.