



City of West Haven

Planning Department

Inter-Departmental Permit Application For:

TEMPORARY OUTDOOR DINING OR RETAIL DISPLAY

The undersigned owner or authorized agent applies to the City of West Haven for a temporary permit for outdoor dining or retail display pursuant to Executive Order 7MM 5/12/2020 as noted below in accordance with the laws and ordinances of the City of West Haven, State of CT, and the CT State Building and Fire Codes.

Owners and Agents

Property Owner _____ Address _____

Tenant/Lessee _____ Address _____

PERMITTEE

(Restaurant owner, sponsor, person responsible for supervision of event, coordination of permits, inspections, and compliance with all laws, codes, and ordinances)

Business: _____ **Contact Person** _____

Liquor License # _____ **Food Service License #** _____

Address: _____

Phone _____ **Email** _____

Indicate type of facility

- Restaurant Private Club
- Itinerant Vendor Food Truck
- Is liquor, beer, or wine served?
- Retailer

Indicate facilities provided:

- Tents with sides
- Tents without sides
- Tent Heaters
- Outdoor tables and chairs only
- Outdoor retail display only

Indicate utilities provided:

- Temp El. Service Gas/Propane
- Lighting Heating Equipment
- Cooking Equipment Hand wash sinks
- Portable Toilets Generator

PROPERTY LOCATION (If City Property, See Addendum)

Address _____ Map _____ Lot _____ Block _____

Name and address of Property Owner: _____

ACTIVITY INFORMATION

Set up date: _____ Removal date: _____ Days of operation SMTWTFS Operation hours: _____

Inspection date and time: _____ Cell phone number for inspection: _____

TENT VENDOR

Company: _____ Contact: _____

Address: _____ Phone: _____

HIC REGISTRATION # _____ OCCUPANT LOAD: _____

1. Attach plot plan showing tent layout, dimensions, contents, egress path, method of anchorage, location of toilet facilities, gas tanks, cooking facilities, and electric facilities.
2. Tents to be properly anchored for local wind conditions. See tent manufacturer's instructions or refer to IFAI Handbook online at http://armbrustertentmaker.com/downloads/ifai_handbook.pdf
3. **NFPA 701 COMPLIANT TENTS WITH APPROPRIATE LABELING ARE REQUIRED.** Attach manufacturer's certificate to this application, and provide tents with properly affixed labels at time of inspection.
4. Emergency (battery) lighting? _____ Exit signs or battery lights? _____?
5. Describe flooring material and any combustible items in tent: _____
6. Will there be any motor vehicles or gasoline under the tent? _____



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355 Main St. West Haven CT 06516 203-937-3580

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PUBLIC SAFETY

Anticipated # of attendees: _____ Anticipated age group: _____ Will Alcohol be served? : _____
Describe security arrangements, fencing, security staff, etc: _____

Anticipated vehicle count: _____ Describe parking and traffic control arrangements, location of parking
lots, shuttle busses, pedestrian access, etc. _____

FOOD SERVICE OPERATOR

Name of Establishment: _____ Contact: _____
Existing Food Service License # _____
Address: _____ Phone: _____

Certified Food Protection Mgr: _____ (Attach Food Handler Certificate)
Any outdoor food prep or storage? _____
Will there be an outdoor Bar? _____
Method of on-site cooking: indoor existing: _____ Other: _____
Describe hand washing facilities: _____

PROPANE GAS VENDOR

Company: _____ Licensee: _____
Address: _____ Phone: _____
License Type: _____ Number: _____ Exp.: _____ (Attach copy of license and permission letter)
Tank sizes: _____ Describe piping and hoses: _____

(TANKS TO BE PROPERLY DATED, PIPED WITH APPROVED MATERIALS, LOCATED 10' FROM IGNITION SOURCES, AND 10' FROM ANY STRUCTURE **INCLUDING TENT**. Tanks to be ANCHORED WITH NON-COMBUSTIBLE METHODS)

ELECTRICIAN

Company: _____ Licensee: _____
Address: _____ PHONE: _____
License Type: _____ Number: _____ Exp.: _____ (Attach copy of license and permission letter)
Describe wiring methods, service type, power source, cables, and loads: _____

Notes

Applicant's Signature: _____ Date: _____



DEPARTMENTAL APPROVALS

Public Works/Parks and Recreation: _____ Date _____
(see Addendum for hold harmless agreement and insurance requirements when using City property)

Police Department: _____ Date _____

Fire Marshal: _____ Date _____

Health Department: _____ Date _____

Planning and Zoning: _____ Date _____

City Risk Manager: _____ Date _____

CT Dept. of Transportation *(letter of approval if using State Highway R.O.W.)* Date _____

Other: _____ Date _____

Building Department:

Event/ Building Permit # _____ Date _____

Electrical Permit # _____ Date _____

Gas or Heating Permit # _____ Date _____

Other: _____ Date _____

Building Official Approval: _____ Date _____

Permit Number: _____ Date _____

CONDITIONS OF PERMIT:

This temporary permit automatically expires upon termination of the Governors Executive Order 7MM dated 5/12/20, and may be suspended by the Building Official, Fire Marshal, Zoning Enforcement Officer, Health Dept. Sanitarian, or any sworn Police Officer without notice. Applicant may appeal such suspension to the City

Public Works/Parks and Recreation

Request for use of City Property or Public Way

Name of Applicant: _____

Address of venue: _____

Describe activities in detail: _____

Draw a map of the proposed use of public property, or attach a separate map:

INDEMNIFICATION FOR USE OF CITY PROPERTY OR PUBLIC RIGHT OF WAY

Applicant/Permittee _____ as part of their/its application for use of City Property or Public Right of Way from the City of West Haven, does hereby expressly agree as Permittee to at all times indemnify, defend, and hold harmless the City and its officers, agents, and employees, on account of any and all demands; claims; damages; losses; litigation; financial costs and expenses, including counsel's fees; and compensation arising out of personal injuries (including death) and any damage to property real or personal, and any other loss or expense, directly or indirectly arising out of, related to, or connected with the Temporary Outdoor Dining or Retail Display Permit per Executive Order 7MM, permit and the work to be performed thereunder by the Applicant, its employees, customers, agents, subcontractors, material suppliers, or anyone directly or indirectly employed by any of them. The Applicant/Permittee shall and does hereby assume and agree to pay for the defense of all such claims, demands, suits, proceedings and litigation.

Name of Applicant : _____

Signed: _____ Title: _____

INSURANCE REQUIREMENTS

For use of City Property or Public Way:

Applicant/Permittee shall provide the City of West Haven with a certificate of insurance indicating liability coverage appropriate for the level of risk. See "City of West Haven Insurance Requirements" addendum attached for instructions and sample certificates. Said certificate shall be approved by the City Risk Management Officer.

For service of alcohol on City Property or Public Way: Evidence of Host Liquor/Dram Shop Liability Insurance

For building and licensed trade permits: Proof of workers compensation insurance for the contractors obtaining building or trade permits.

City of West Haven
Insurance Requirements – Special Events & Activities (Low Risk)
When Event is taking place on City property or Public Right of Way

The applicant shall provide the following insurance coverages:

Comprehensive General Liability including Premises & Operations, Products and Completed Operations, Personal Injury, Contractual Liability and Independent Contractors. Minimum Limits for Bodily Injury and Property Damage are as follows:

\$1,000,000 Per Occurrence
\$2,000,000 Annual Aggregate

When applicable, Workers Compensation covering all employees for Statutory benefits as required by the State of Connecticut and Employers Liability coverage, with minimum limits as follows:

\$100,000 Each Accident
\$500,000 Disease ó Policy Limit
\$100,000 Disease ó Each Employee

The insurance must be placed through companies approved in the State of Connecticut and

Requirements or Policy Language for all Areas

Application for Temporary Outdoor Dining including a Hold Harmless Agreement signed by an authorized representative of the Sponsoring Organization.

A Certificate of Insurance must be presented to the City of West Haven as Certificate Holder. The Certificate shall be sent to attention of City Of West Haven Planning Department.

The Sponsoring Organization must complete and sign the customary “*Application for Temporary Outdoor Dining per Executive Order 7MM*”, along with the standard Hold Harmless agreement contained therein.

All required Insurance coverage is subject to the review and approval of the City, following recommendations of the City’s Insurance Agent of Record. The insurance must be placed through companies approved in the State of Connecticut, with a minimum Best’s Financial Rating of A-.. In addition, all Insurers are subject to the approval by the City of West Haven.

All required insurance must contain a **Waiver of Subrogation in favor of the City.**

Except for Workers Compensation, all required insurance policies above must be endorsed to include an **Additional Insured naming the City of West Haven, its employees and agents on a primary and non-contributory basis.**

A Certificate of Insurance must be delivered to the City prior to the issuance of any permit.