



# *Township of Branchburg*

1077 US HIGHWAY 202 NORTH, BRANCHBURG, NJ 08876-3936

TELEPHONE: (908) 526-1300 EXT. 139

FAX: (908) 526-7479

[www.branchburg.nj.us](http://www.branchburg.nj.us)

OFFICE OF THE ZONING OFFICIAL

## **PROCEDURE FOR OUTDOOR DINING APPLICATION** ***LAND DEVELOPMENT ORDINANCE SUBSECTION 4-10***

- 1) Submit application, application fee and required checklist items
- 2) Zoning Officer reviews application for completeness and compliance. If not complete, the Zoning Officer will inform the applicant within 10 business days.
- 3) If complete, the Zoning Officer will notify the Police Department, Fire Safety Office and Health Department. Each department has 10 business days to inspect and report any violations, dangerous conditions, or approval.
- 4) The Fire Safety Office, Police Department and Health Department will submit their reports to the Township Clerk along with their recommendations.
- 5) Township Clerk shall place the application on the agenda for the next Township Committee meeting.
- 6) Township Committee decides if the application is compliant.
- 7) If compliant is decided by the Township Committee, a permit is issued by the Zoning Officer for a calendar year. All permits expire December 31 each year.



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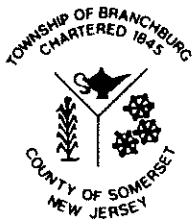
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## OUTDOOR DINING DETAILS AND REQUIREMENTS CHECKLIST:

### *SECTION 4-10 LDO*

- | <u>NA</u>                | <u>YES</u>               | <u>NO</u>                |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. ORIGINAL SIGNED APPLICATION and SEVEN (7) COPIES.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. TEN (10) SETS OF COPIES OF A PLOT PLAN/ SURVEY DRAWN TO SCALE SHOWING:  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. THE SIZE AND LOCATION OF THE RESTAURANT AND DOORWAYS.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. LOCATION OF OUTDOOR DINING.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. DINING AREA, TABLES, SEATS, UMBRELLAS.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. DISTANCE BETWEEN TABLES, SEATS, UMBRELLAS.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E. SEPARATION BARRIERS FOR SIDEWALKS.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F. SHOW LOCATION OF GARBAGE RECEPTACLES.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. LOCATION OF SEPTIC SYSTEM IF APPLICABLE.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H. THE TYPE OF GRADING SURFACE FOR THE OUTDOOR DINING AREA.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. DETAILED DESIGN DRAWINGS OR PHOTOGRAPHS OR BROCHURES OF PROPOSED SEPARATION BARRIERS.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. \$ 25 FEE.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. PROOF OF LIABILITY INSURANCE THAT NAMES THE TOWNSHIP OF BRANCHBURG AS AN "ADDITIONAL NAMED INSURED" WITH LIMITS OF \$1,000,000 PER OCCURRENCE AND \$2,000,000 ANNUAL AGGREGATE LIMIT IF OUTDOOR DINING IS IN RIGHT-OF-WAY OR PUBLIC PROPERTY. |



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## OUTDOOR DINING APPLICATION

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ ZONE: \_\_\_\_\_

RESTAURANT NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS# \_\_\_\_\_ EMAIL: \_\_\_\_\_

NUMBER OF TABLES: \_\_\_\_\_ NUMBER OF SEATS: \_\_\_\_\_

NUMBER OF UMBRELLA: \_\_\_\_\_ HT. CLEARANCE: \_\_\_\_\_

DINING HOURS: \_\_\_\_\_

OUTDOOR DINING HOURS: \_\_\_\_\_

LOCATION:  PRIVATE PROPERTY  \*RIGHT-OF-WAY  \*PUBLIC PROPERTY

LIABILITY INSURANCE CARRIER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ POLICY#: \_\_\_\_\_

### PROPERTY OWNER OR OPERATOR INFORMATION

APPLICANT'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ HOME FAX #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### For Office Use Only

Date of review: \_\_\_\_\_  Approved  Denied

Comments: \_\_\_\_\_

\_\_\_\_\_  
Thomas Leach, Zoning Official