



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

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 decided compliant 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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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: PHONE # _____ FAX#: _____ OTHER #: _____

NUMBER OF TABLES: _____ NUMBER OF SEATS: _____

NUMBER OF UMBRELLAS: _____ HT. CLEARANCE: _____

RESTAURANT 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