



# Temporary Outdoor Restaurant Operations Permit Application

**Submittal Checklist:**

- 24-Hour Contact Information
- Sketch of area to be used (aerial, photograph or site plan) detailing layout of proposed outdoor operations including, but not limited to, location of tables (including separation distances between tables), tents or umbrellas, parking areas, waste disposal areas, fencing, exits and entrances into temporary area, etc., and the number of seats requested.
- Permission from Property Owner

<b>Restaurant Information</b>	Restaurant Name:	
	Address:	
	Phone:	
<b>24-Hour Contact</b>	Contact's Name:	
	Contact's Signature:	Date:
	Phone:	Email:
	<i>PROPERTY OWNER'S AFFIDAVIT: I hereby certify under penalty of law that I am the owner of the above-referenced property and authorize the temporary outdoor restaurant operations as described herein.</i>	
<b>Property Owner</b>	Owner's Name:	
	Owner's Signature:	Date:
	Owner's Address:	
	City, State:	Zip:
	Phone:	Email:



**SUBMIT APPLICATION AND CHECKLIST ITEMS TO [PLANNING@PORT-ORANGE.ORG](mailto:PLANNING@PORT-ORANGE.ORG) OR IN DESIGNATED DROP BOX LOCATED AT CITY HALL, C/O PLANNING. IF SUBMITTED BY EMAIL, AN ORIGINAL COPY OF THE APPLICATION IS REQUIRED PRIOR TO FINAL APPROVAL.**

Staff Use Only	
Application Received Date:	Permit #:
Permit Start Date:	
Planning Division Processed By:	Building Division Processed By:
Approved/Denied By:	Approved/Denied Date: