



**TOWN OF LEDYARD**  
 741 Colonel Ledyard Highway  
 Ledyard, CT 06339  
 Phone 860-464-3266  
 Email [land.use.asst@ledyardct.org](mailto:land.use.asst@ledyardct.org)

**APPLICATION FOR A  
 TEMPORARY OUTDOOR DINING PERMIT  
 PER CT GOVERNOR LAMONT COVID-19  
 EXECUTIVE ORDER NO. 7MM**  
 (Application Form Effective May 19, 2020)

**TEMPORARY OUTDOOR DINING PERMIT APPLICATION FORM**

**BUSINESS PROPERTY ADDRESS:** \_\_\_\_\_

**NAME OF RESTAURANT:** \_\_\_\_\_

**APPLICATION FOR (Check all that Apply):**

**NEW OUTDOOR DINING SEATING SPACE**

- Size of Proposed Space in Sq. Feet** \_\_\_\_\_
- Proposed Date of Installation** \_\_\_\_\_
- Electrical Installation** \_\_\_\_\_ Yes \_\_\_\_\_ No

**EXPANSION OF EXISTING OUTDOOR SEATING SPACE**

- Existing** \_\_\_\_\_
- Size of Proposed Space in Sq. Feet** \_\_\_\_\_
- Open or Sides** \_\_\_\_\_
- Proposed Date of Installation** \_\_\_\_\_
- Electrical Installation** \_\_\_\_\_ Yes \_\_\_\_\_ No

**TENT OVER SEATING SPACE**

- Size of Proposed Tent in Sq. Feet** \_\_\_\_\_
- Proposed Date of Installation** \_\_\_\_\_
- Electrical Installation** \_\_\_\_\_ Yes \_\_\_\_\_ No
- Heating Appliances** \_\_\_\_\_ Yes \_\_\_\_\_ No

**DATE RANGE**

- Start Date:** \_\_\_\_\_
- Outdoor Dining Serving Hours (Shall not exceed 9 pm Sunday to Thursday or 11pm Friday & Saturday):** \_\_\_\_\_
- Dining Type (i.e. restaurant, fast food, seat yourself, wait service):** \_\_\_\_\_
- Alcohol Served** \_\_\_\_\_ Yes \_\_\_\_\_ No
- Seating/Occupancy – Approved Existing Outdoor, if any:** \_\_\_\_\_
- Seating/Occupancy – Proposed (Outdoor seating shall not exceed 50% of restaurant capacity – proof of existing capacity shall be submitted with this application):** \_\_\_\_\_



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**RESTAURANT/BUSINESS INFORMATION:**

**Restaurant/Business Owner(s) Name(S) and Mailing Address:** \_\_\_\_\_

**Point of Contact Name:** \_\_\_\_\_

**Point of Contact Phone:** \_\_\_\_\_

**Point of Contact Email:** \_\_\_\_\_

**Property Owner(s)/Landlord(s) Name and Mailing Address:** \_\_\_\_\_

**Owner(s) Phone(s):** \_\_\_\_\_

**Owner(s) Email(s):** \_\_\_\_\_

**CONTRACTOR INFORMATION (If needed, attach info on separate sheet):**

**Contractor 1 Name and Address:** \_\_\_\_\_

**Contractor 1 Phone:** \_\_\_\_\_

**Contractor 1 Email:** \_\_\_\_\_

**Type of Contractor:** \_\_\_\_\_

**Contractor 2 Name and Address:** \_\_\_\_\_

**Contractor 2 Phone:** \_\_\_\_\_

**Contractor 2 Email:** \_\_\_\_\_

**Type of Contractor:** \_\_\_\_\_

**ATTACHMENTS:**

- Site Drawing.** A drawing or illustration, roughly to scale or dimensioned and depicting with reasonable accuracy the outdoor area that is proposed to be used and what is proposed to be placed, built, or erected in the outdoor area). **See Page 2 of Policies and Guidelines for Required Information.**
- Narrative.** A narrative, with or without accompanying illustrations, that explains any noise, waste management, odor, light pollution, and environmental impacts expected from same and how said impacts will be managed.
- Additional Signage.** Please describe and/or attach a picture or drawing of proposed signage. "COVID-19 Signage" shall mean any outdoor, non-internally illuminated, non-animated signage that is 15 sq. feet or smaller and contains directions, social distancing instructions, or other signage that might customarily be displayed within the building, including, but not limited to menus and specials.



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**APPLICANT ACKNOWLEDGMENT:**

**I/We understand the approval of this permit is contingent upon it meeting the requirements of the Ledyard Planning & Zoning Commission Re-Opening Policies and Guidelines Regarding Outdoor Dining During COVID-19, Dated May 19, 2020, as may be amended; Town of Ledyard Zoning, Building, Fire, and Planning Departments’ requirements; and Executive Order 7MM issued by State of CT Governor Ned Lamont, dated May 12, 2020. I/We understand the Town of Ledyard may revoke this permit at any time for failure to adhere to the aforementioned Guidelines, Requirements, and Rules.**

**I/We understand this permit expires on October 31, 2020 or until state of emergency orders are lifted, whichever is later. I/we understand any covered law that would provide non-conforming use or structure rights to any activity or structure permitted during the state of emergency is suspended until the permit expiration date and that this permit does not bestow non-conformity rights, uses or structures at the property.**

**RESTAURANT/BUSINESS OWNER(S) SIGNATURE(S):** \_\_\_\_\_

\_\_\_\_\_

**PRINT NAME(S):** \_\_\_\_\_

\_\_\_\_\_

**DATE(S) SIGNED:** \_\_\_\_\_

**PROPERTY OWNER(S) SIGNATURE(S):** \_\_\_\_\_

\_\_\_\_\_

**PRINT NAME(S):** \_\_\_\_\_

\_\_\_\_\_

**DATE(S) SIGNED:** \_\_\_\_\_



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**TEMPORARY OUTDOOR DINING PERMIT APPLICATION FORM  
 TOWN REVIEW & DECISION CHECKLIST**

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**ZONING DEPARTMENT/LOCAL ENFORCEMENT OFFICIAL:**

\_\_\_ APPROVED    \_\_\_ APPROVED WITH CONDITIONS    \_\_\_ REJECTED

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

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

\*\*\*\*\*

**BUILDING DEPARTMENT:**

\_\_\_ APPROVED    \_\_\_ APPROVED WITH CONDITIONS    \_\_\_ REJECTED

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

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

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**FIRE MARSHAL:**

\_\_\_ APPROVED    \_\_\_ APPROVED WITH CONDITIONS    \_\_\_ REJECTED

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

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

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**PLANNING DEPARTMENT:**

\_\_\_ APPROVED    \_\_\_ APPROVED WITH CONDITIONS    \_\_\_ REJECTED

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

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