

CRITERIA AND STANDARDS FOR SIDEWALK OBSTRUCTION

I. SITE PLAN

The applicant shall submit a suitable site plan with an attached drawing depicting the size of the proposed outdoor service area, amount of tables and chairs, access and egress points. The applicant shall also provide applicant contact information, including address and phone during non-business and business hours.

II. REQUIREMENTS

Prior to approval, the applicant must agree to the following minimum requirements:

- a. The outdoor service area shall allow for unobstructed passage of pedestrians and wheelchairs by providing for sufficient space as defined in Chapter 152 Article XII
- b. Show proof of general liability insurance policy covering the service area and including the City of Dover as an additional insured party.

III. OTHER CONDITIONS

- a. The permit shall be renewed each July 1st at a cost of \$75.00.
- b. The permit is non-transferable.
- c. Applicant will submit any proposed changes during the licensing period for review and approval by the Licensing Board.
- d. Applicant will be in compliance with all State Laws and City Ordinances

APPLICATION FOR LICENSE FOR SIDEWALK OBSTRUCTION

STEP ONE

DATE: _____

APPLICANT NAME: _____

BUSINESS NAME/ADDRESS: _____

CONTACT PERSON(S) ADDRESS/PHONE : _____

STEP TWO

- A. Diagram of proposed outdoor serving area must include dimension of the obstruction and of the area from the building to curbside and what portion of the area will be for placement of _____ tables _____ chairs _____ bench(s) _____ or sign. (indicate number of)



You may attach an 8 ½ x 11 sheet with drawing

STEP THREE

Attach a copy of General Liability Insurance Policy coverage of outdoor service area with the City of Dover as an additional named party with coverage of ne less than one million (\$1,000,000.00) dollars.

Make a payment of \$75.00: Payable to City of Dover

STEP FOUR

Signature (See Copy of Rules)

WITH THE SIGNING OF THIS APPLICATION, I UNDERSTAND AND WILL ADHERE TO ALL REQUIREMENTS OF THIS LICENSE AND ALL CITY ORDINANCES AND STATE LAWS WHICH MAY APPLY.

Signature of Applicant
This application and payment are to be returned to:
City of Dover-City Clerk
288 Central Ave
Dover, NH 03820

Date

Signature of City Clerk

LICENSING BOARD ONLY

_____ Recommended

_____ Not Recommended

Reasons _____

Additional Conditions _____

Signature of Licensing Board