



Application for Administrative Approval

APPLICATION MADE UNDER ARTICLE 14 TEMPORARY ZONING

NAME OF APPLICANT: _____

BUSINESS NAME: _____ ADDRESS OF BUSINESS: _____

MANAGER'S NAME (If different): _____ BUSINESS TELEPHONE # _____

CELL TELEPHONE # _____ EMAIL: _____

PROPOSED USE: FOOD & DRINK ESTABLISHMENT PERSONAL CARE RETAIL OTHER

BRIEF DESCRIPTION INCLUDING DAYS and HOURS OF OPERATION, NATURE OF BUSINESS, OTHER DETAILS: _____

PROPOSED ACCESSORY USE: (ARTICLE 5 - i.e. OUTDOOR DINING, LIVE ENTERTAINMENT):

ADDITIONAL DOCUMENTS AND INFORMATION REQUIRED:

- SITE PLAN
- BUILDING PLANS
- MANAGEMENT PLAN
- LANDSCAPE PLAN
- LIGHTING PLAN
- SIGN PLAN
- OTHER INFORMATION TO DEMONSTRATE ACCESSIBILITY & CODE COMPLIANCE INCLUDING TRASH/RECYCLING MANAGEMENT; PARKING ANALYSIS; SCREENING FROM ABUTTERS; NOISE AND ODOR CONTROL, ETC.

Signature of Applicant

Date

Reviewed: _____ PLANNING DIRECTOR	_____ Date
Approved: _____ BUILDING COMMISSIONER	_____ Date