

APPLICATION FOR OUTDOOR DINING REVOCABLE PERMIT

email to real_estate@SLCgov.com or bring to Room 425

THIS SECTION TO BE FILLED OUT BY PROPERTY OWNER

PARCEL OWNER

BUSINESS PHONE NUMBER

CONTACT NAME

CONTACT PHONE NUMBER

PROPERTY ADDRESS

CONTACT EMAIL

CITY, STATE, ZIP CODE

OWNER OR TENANT EMAIL

TENANT OR DBA _____ DATE: _____

PARCEL NUMBER

Description for use of Property (Must be submitted at the time of application)

**** (attach a dimensional site plan & elevation drawing to scale on 8 1/2 x 11 paper) ****

THIS SECTION TO BE FILLED OUT BY DRT (DEVELOPMENT REVIEW TEAM)

Conditions Determined by Development Review Team:

COMMENTS::

| | | | | | | | |
|-----------------------|-------|-------|-------|----------|-------|--------|-------|
| Zoning: | _____ | Date: | _____ | Approved | _____ | Denied | _____ |
| Publ. Util: | _____ | Date: | _____ | Approved | _____ | Denied | _____ |
| Engineering: | _____ | Date: | _____ | Approved | _____ | Denied | _____ |
| Transportation: | _____ | Date: | _____ | Approved | _____ | Denied | _____ |
| Fire: | _____ | Date: | _____ | Approved | _____ | Denied | _____ |
| Planning (if needed): | _____ | Date: | _____ | Approved | _____ | Denied | _____ |

DRT forms may be found at http://www.scldocs.com/building/DRT_Application_03_29_2016.pdf email to: DRT@slcgov.com

THIS SECTION TO BE COMPLETED BY REAL ESTATE SERVICES

Description Letter (Outline what the applicant is requesting. Include anticipated work.)

DRT Signed off _____ DRT # _____

Drawings (2) (dimensional site plan with legible details on 8 1/2 x 11 paper)

Certificate of Insurance

Application Fee \$25.00 (Non Refundable) Initial Lease Payment Paid in Advance

Initial Payment Paid in Advance

OKAY to Issue: Real Estate Services has all documents on file

OKAY to issue: Subject to _____

Checked By

Date