



Annual Renewal Permit Application for Open-Air Dining on Public Property, as Accessory to a Restaurant

City of Coral Gables

Planning and Zoning Division

Phone# 305.460.5235

Annual Renewal Request

The undersigned applicant(s)/tenant(s) request review for an annual renewal permit for open-air dining on public property. Please check the following boxes to indicate agreement with and understanding of the main requirements for open-air dining on public property, as an accessory to a restaurant (see Zoning Code Section 5-119. "Restaurant, open-air" for full list of requirements).

- There have been no changes to the plans for open-air dining on public property which have been previously approved by the City of Coral Gables.
- There shall be maintained a minimum of five (5) foot clear distance of public sidewalk, free of all obstructions, in order to allow adequate pedestrian movement. The minimum distance shall be measured from the portion of the open-air dining area nearest either the curb-line or the nearest obstruction (i.e. landscaping, light pole, parking meter, street sign, etc.).
- No awning, canopy or covering of any kind, except individual table umbrellas, shall be allowed over any portion of the open-air dining area located on public property except as allowed under separate covenant process.
- No perimeter structures such as fences, railings, planters or other such barriers shall surround the open-air dining area which would restrict the free and unobstructed pedestrian flow or discourage the free use of the tables or chairs by the general public.
- No signage shall be permitted on the public portion of the property.
- No pass through window shall be permitted for service of patrons.
- The hours of operation shall coincide with that of the primary restaurant. Tables, chairs and all other furniture used in the operation of an outdoor dining area shall not be anchored or restrained in any visible manner as with a chain, rope or wire.
- This permit issued for open-air dining located on public property shall be valid for a period of one (1) year, and must be renewed annually by the Planning and Zoning Division. Such permit shall not be transferable in any manner.
- Any changes to approved plans require resubmittal of application for approval.

General information

Restaurant address: _____

Restaurant name: _____

Legal description: Lot(s) _____

Block(s) _____ Section(s) _____

Folio No. _____

Permit No. _____

Property owner(s): _____

Property owner(s) mailing address: _____

Telephone: Business _____ Fax _____

Other _____ Email _____@_____

Applicant(s)/tenant(s): _____

Applicant(s)/tenant(s) mailing address: _____

Telephone: Business _____ Fax _____

Other _____ Email _____@_____

Applicant/tenant affirmation and consent

(I) (We) affirm and certify to all of the following:

1. This request complies with all provisions and regulations of the Zoning Code, Comprehensive Land Use Plan and Code of Ordinances of the City of Coral Gables unless identified and approved as a part of this application request or other previously approved applications. Applicant understands that any violation of these provisions renders the application invalid.
2. That all the information contained in this application and all documentation submitted herewith is true to the best of (my) (our) knowledge and belief.
3. (I) (We) understand that the application, all attachments and fees become a part of the official records of the City of Coral Gables and are not returnable.
4. That failure to provide the information necessary pursuant to the established time frames included but not limited to application submittal, submission of revised documents, etc. for review by City Staff and the designated reviewing entity may cause application to be deferred without further review until such time as the requested information is submitted.
5. (I) (We) understand that under Florida Law, all the information submitted as part of the application are public records.

Applicant(s)/Tenant(s) Signature:	Applicant(s)/Tenant(s) Print Name:
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Address:

Telephone:	Fax:	Email:
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NOTARIZATION

STATE OF FLORIDA/COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ by _____

(Signature of Notary Public - State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification; Type of Identification Produced _____