Village Of Williamsville

Building Department

5565 Main Street Williamsville NY, 14221



Phone: 716-632-7747 Fax: 716-626-4964 www.walkablewilliamsville.com

Seasonal Outdoor Seating Application

	Addross			Number of Seater
Business Address: Business Phone:			Number of Seats:	
		Email Address:		
		Ente	er Below Property Owner Information	
wner Name:				
wner Ad	dress:			
Phone Number:		City	State Email Address:	Zip
none wur	mber:		Email Address:	
usiness C	ontact Person (Must list valid phone number oth	her than main business phone number for point of contact for any	problems with the seating permit.)
Contact Name:		Phone Number:		
			Check One:	
2.	b. Prop c. Exist d. Pave e. Loca furni f. Deta g. Type	ing structures (Show all ex d areas, driveways, sidew tion, number, size and sea ture type & materials (wit ils of fencing, barricades of and location of refuse co	ting streets/rights-of-way, any existing or proposed exits from existing building) valks & curbing (Include parking spaces and indicate ating capacity of tables proposed (Indicate spacing ith photos if possible) or other area enclosure including height, material & ontainers (Cans, Dumpsters, etc.) or less; \$300.00 for more than 6 - 59 seats; \$500.00	e raised areas) between tables) and a description of & anchoring.
1. 2.	Due to require	ments from the NYSDEC a	With No Changes Proposed) and TOA Wastewater, proof of most current grease or less; \$300.00 for more than 6 - 59 seats; \$500.0	
the above	address, hereby		nt/owner) of OUTDOOR SEATING PERMIT, and solemnly swears erewith represent a true and accurate analysis of th	
ila tilat all t	Signature		Date:	
	Jigilature			
	Jignature	Approved:	Official Use Only: (By) Date:	