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

Business Name:				
Business Address:				
Business Phone: Email Address:				
Enter Below Property Owner Information				
Owner Name:				
Owner Address:				
<u> </u>				
-	City	State		Zip
Phone Number:		Email Address:		
Business Contact Person (M	lust list valid phone number othe	r than main business phone number for point of c	ontact for any problems with	the seating permit.)
ontact Name: Phone Number:				
Check One: A: New Permits 1. Submit twenty (20) copies of overall plan including the following information a. Scale, North Arrow, Date. b. Property Boundary lines, existing streets/rights-of-way, any existing or proposed easements or deed restrictions. c. Existing structures (Show all exits from existing building) d. Paved areas, driveways, sidewalks & curbing (Include parking spaces and indicate raised areas) e. Location, number, size and seating capacity of tables proposed (Indicate spacing between tables) and a description of furniture type & materials (with photos if possible) f. Details of fencing, barricades or other area enclosure including height, material & anchoring. g. Type and location of refuse containers (Cans, Dumpsters, etc.) 2. Submit Permit Fee (\$100.00 for 6 seats or less; \$200.00 for more than 6 seats) B. Renewal – (Plans Have To Be On File With No Changes Proposed) The undersigned (representing/being) the (lessee/agent/owner) of at the above address, hereby makes application for an OUTDOOR SEATING PERMIT, and solemnly swears that all statements made herein are true and that all drawings and documentation submitted herewith represent a true and accurate analysis of the property to the best of my knowledge. Applicant Signature:				
		Approved:	(By)	
of, 20_		Approved/Modified:	(By)	
Notary Public		Denied:	(By)	Date: