



DTCF OUTDOOR DINING PROGRAM

Checklist and Process

City of Cuyahoga Falls, Planning Division

2310 Second Street, Cuyahoga Falls, Ohio 44221, Phone: 330-971-8135

I. **For application submission, bring one copy of the following items to the Development Department:**

- Application Form:** Signed DTCF Outdoor Dining Permit Application
- Detailed Site Plan:** A detailed site plan that is TO SCALE, and not exceeding 11"x17", must be submitted. It is highly encouraged, and in some cases may be required, that an architect or designer prepare the plan of the outdoor dining and sidewalk area. The plan must include the following items (see attached sample)
 - Existing façade and immediately adjacent businesses. (Property lines must be shown. Include survey plat of subject property if available).
 - Sidewalk width (building face to curb edge).
 - Location of barriers (barriers must be straight and not meander around sidewalk elements).
 - Proposed configuration and dimensions of tables, chairs, planters, and umbrellas.
 - Sidewalk elements and distance measures to edge of dining area, (sidewalk elements include, but are not limited to, tree wells, lamp posts, fire hydrants, signs, parking meters, light poles, trash receptacles and any other streetscape element)—*a straight and continuous minimum six feet of sidewalk is required to be maintained at all times.*
 - Location of any Fire Department Connections (FDC) on building face.
 - Location of bus stops.
 - Restaurant name and address.
- Furniture Details:** Photos and dimensions of proposed furniture, including tables, umbrellas, chairs, planters, barriers and any other element being proposed to be located on the sidewalk (manufacturer's specification sheets preferred).
- Photos:** Photos of proposed outdoor dining area, building façade, and sidewalk area adjacent to proposed dining.
- Calculation of Square Footage of Outdoor Dining Area**
- Certificate of Insurance:** *Certificate of liability insurance covering outdoor operations* (with City of Cuyahoga Falls as additional insured with minimum \$1,000,000 coverage)

II. For Renewals with No Changes

Applicant *sets up dining area* per submitted plan.

Inspector will visit the restaurant to verify plan compliance and total square footage, and to mark dining area on sidewalk.

II. For New Applications OR Renewals with Proposed Changes

Visit to restaurant to verify plans.

If inspectors observe the plan is accurate, then City advises applicant to set-up outdoor dining area.

Inspector revisits to verify plan compliance and mark dining area on sidewalk.

IV. Applicant Picks Up Approved Plan and Certificate and Pays Application Fee

Once inspector has visited the restaurant and observed compliance with the plan, the applicant can come to the Cuyahoga Falls Development Department to pay the fee and pick up the approved plan and certificate for posting.

APPLICATION FEE =\$85.00

Checks should be made out to the City of Cuyahoga Falls.

V. Applicant Posts Certificate in Conspicuous Location in Restaurant

VI. Renewal

The permit must be renewed annually, prior to April 1 of each calendar year. Outdoor dining is not permitted without a valid permit. Ticketing and fines may be assessed to restaurants who offer outdoor dining without such permit.



DTCF OUTDOOR DINING PROGRAM APPLICATION

City of Cuyahoga Falls, Department of Planning
2310 Second Street, Cuyahoga Falls, Ohio Phone: 330-971-8135

CHECK ONE:

- RENEWAL OF PREVIOUSLY APPROVED OUTDOOR DINING AREA
- NEW APPLICATION OR RENEWAL WITH PROPOSED CHANGES

PROPERTY ADDRESS: _____

NAME OF RESTAURANT: _____

ON-SITE CONTACT(S): _____

RESTAURANT PHONE NUMBER: _____

TOTAL NUMBER OF PROPOSED OUTDOOR SEATS: _____

TOTAL SQUARE FOOTAGE OF OUTDOOR DINING AREA: _____

PLEASE SIGN BELOW THAT YOU HAVE READ, UNDERSTAND, AND WILL COMPLY WITH ALL OF THE CONDITIONS FOR DOWNTOWN OUTDOOR DINING:

Print Name of Applicant

Signature

Mailing/Street Address

Telephone

Fax #

City and State

ZIP Code

E-mail Address

Date:

For City Staff Use Only

DATE RECEIVED: _____ PERMIT # _____

TOTAL FEE: _____ DATE FEE PAID: _____

STAFF REVIEWER: _____ STAFF ACTION: APPROVED DENIED

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Required	Required	Required	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The City of Cuyahoga Falls is named as an additional insured.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE X



DTCF OUTDOOR DINING PROGRAM

Sample Plan (Not to Scale)

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