

**Township of Parsippany-Troy Hills
1001 Parsippany Boulevard
Parsippany, NJ 07054
973-263-4373**

**ZONING DEPARTMENT
SPECIAL EVENTS USE PERMIT
COVID-19 TEMPORARY OUTDOOR DINING**

Permit Fee: Waived

Permit No.: _____

PROPERTY INFORMATION

Establishment Name _____

Address _____ Block _____ Lot _____

OWNERSHIP INFORMATION

Name _____

Address _____

Telephone number and email: _____

Signature: _____ Date _____

APPLICANT INFORMATION (if different from property owner)

Name _____

Address _____

Telephone number and email: _____

Signature: _____ Date _____

In submitting this application, the applicant certifies that it has ownership or control over the area proposed for Temporary Outdoor Dining. If the Outdoor Dining Area is proposed in front of an adjacent business, or within a shared parking area, the applicant must submit a letter of consent from the affected business owner(s) consenting to the application.

APPLICANT CONSENT

I certify that the information submitted in connection with this application is true to the best of my knowledge and belief. I further understand that any false statements may result in denial or revocation of the permit.

Signature: _____ Date _____

CONSENT BY PROPERTY OWNER

I, _____, am the owner of the property known as Block(s) _____ and Lot(s) _____ as shown on the Tax Map of the Township of Parsippany-Troy Hills, which property is the subject of the within application, that the information submitted in connection with this application are true to the best of my knowledge and belief, and that _____ has authorized the applicant to file this application on its behalf.

Signature: _____ Date _____

Temporary Use Permit Issued For:

Permit Effective From: _____ To: _____

Jennifer Vealey, Zoning Officer

Date: _____