

## Town of Plattsburgh

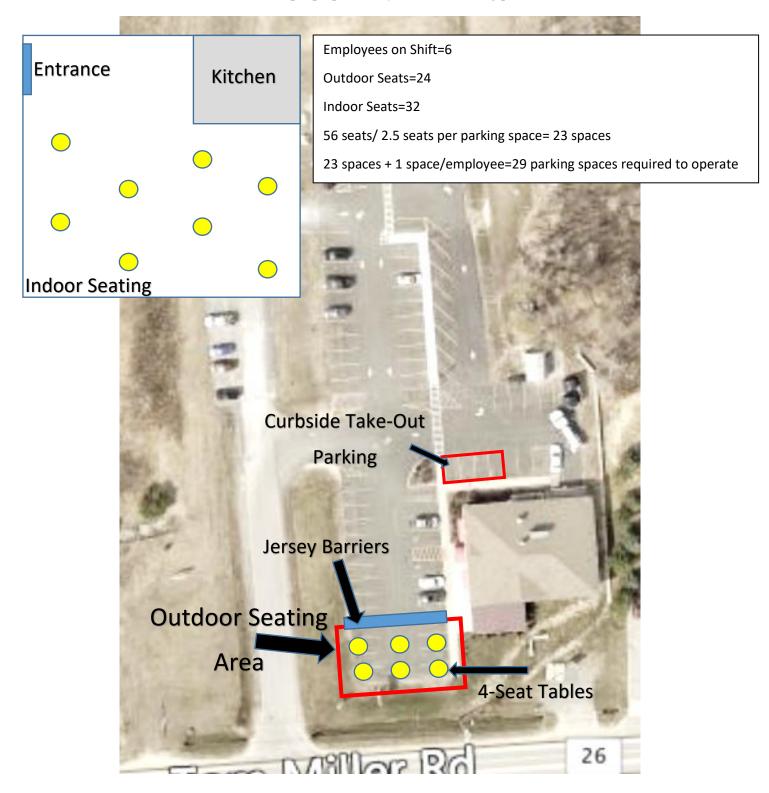
New York on PAUSE Temporary Outdoor Dining Plan

Business Name and Physical Add	siness Name and Physical Address:
Business Owner/Applicant Name	
Phone:	Email:
On-Site Contact Phone:	Email:
Current Maximum Occupancy Al	owed by your Certificate of Occupancy:
Maximum Seating Allowed by N	on Pause Phase 3 (Max Occupancy divided by 2):
Proposed number of indoor seats:	Proposed number of outdoor seats:
Proposed number of <u>remaining</u> pa	king spaces (if some spaces will be converted for seating):
Proposed seating plan, indoor and sketch and description)	outdoor, in compliance with NY PAUSE distancing requirements (please provide a
	ce with Town of Plattsburgh regulation: 1 parking space per 2.5 seats <u>and 1 per</u> lease provide a sketch and description)
Proposed Vehicle Impact Protecti provide a sketch and description)	n for Outdoor Dining Safety/ how will customers be safe from vehicle traffic? (please
Proposed take-out/ curbside pick-	p/ drive-up/ drive thru areas (please provide a sketch and description)
	il October 31, 2020, unless otherwise revoked or renewed by the Codes
Code Enforcement Officer Aut	orization:
Date:	

\*\*\*The Town of Plattsburgh has created this document in order to facilitate the implementation of regulations set forth by New York on Pause. The Town of Plattsburgh has the authority to enforce occupancy and seating regulations. State regulations supersede Town regulations and are subject to change. As such, the requirements listed in this document are also subject to change. Please visit www.ny.gov for current re-opening guidance and regulation.

## **EXAMPLE SKETCH**

(For example purposes only, not a real dining plan)



## INDOOR SKETCH (when and if allowed by State regulated phases)

OUTDOOR SKETCH (when and if allowed by State regulated phases)