



# City of Brockville Application for Sidewalk Patio

Application Year  
\_\_\_\_\_

New       Renewal       Renewal with modification

### Owner/Applicant Information

Applicant Name(s): \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Business): \_\_\_\_\_ Phone (Residence): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Owner Name(s) (if different than applicant) \_\_\_\_\_

### Site Specific Information

Municipal Address: \_\_\_\_\_

Preferred sidewalk patio install date: \_\_\_\_\_

Date of Operation: \_\_\_\_\_ Maximum: May 1st to October 31st

Time of Operation: \_\_\_\_\_

Number of Parking Spaces Lost: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_ Number of Proposed Tables: \_\_\_\_\_

AGCO Licensed: Approved       Pending Approval

Adjacent Property Owners Approval (if applicable) Yes       No       On file

### Requirements:

- Sketch Showing all dimensions of the sidewalk and all existing and proposed furniture (in metric).
- Site Photos Showing the sidewalk and building face where the furniture is proposed to be placed.
- Furniture Details As illustrated by photos or a detailed description of the patio and street furniture proposed
- Proof of insurance naming Corporation of the City of Brockville as additional insured (Min amount \$2,000,000)

**NOTICE WITH RESPECT TO COLLECTION OF PERSONAL INFORMATION**

*I agree and acknowledge that the information contained in this application and any documentation, including agreements, reports, studies and drawings, provided in support of the application, by myself, my agents, consultants and solicitors, constitutes public information and will become part of the public record. As such, and in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56, I hereby consent to the City of Brockville making this application and its supporting documentation available to the general public, including copying and disclosing the application and its supporting documentation to any third party upon their request. Questions about this collection can be made to Sandra MacDonald, City Clerk. (613)342-8772 ext. 4461*

I agree to abide by the terms and conditions outlined for the operation of an Outdoor Seasonal Sidewalk Patio in the City of Brockville.

Signature of Owner/Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner/Applicant \_\_\_\_\_ Date \_\_\_\_\_

*For inquiries regarding your application, please contact: Clerk's Office (613) 342-8772 ext.4461 clerk@brockville.com*

-----**INTERNAL USE ONLY**-----

Application Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Circulation: \_\_\_\_\_ Date Comments Due: \_\_\_\_\_

**CIRCULATION:**

	Concerns:	Yes	No	Notes attached
<input type="checkbox"/> Transportation Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Public Works		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No. of railings required: _____
<input type="checkbox"/> Planning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Police Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Department		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DBIA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health Unit (Kim McCann)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> protection@healthunit.org

Insurance Certificate received: Yes  (renewal date: \_\_\_\_\_) No  Pending Renewal

**Approvals:**

City Clerk	Director of Operations
_____	_____
_____	_____
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date: _____	Date: _____
Signature: _____	Signature: _____