

UPPER TOWNSHIP

APPLICATION FOR SITE PLAN COVID-19 WAIVER

Applicant's Name: \_\_\_\_\_

Business's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner of Record: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Description of Expanded area

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Property Address: \_\_\_\_\_

Approved Seats: \_\_\_\_\_

Proposed Outdoor Seats: \_\_\_\_\_

Access paths: \_\_\_\_\_

Providing Table Service: \_\_\_\_\_

Parking Spaces Required: \_\_\_\_\_ Spaces Used: \_\_\_\_\_

Method of separating patrons and vehicles (if using parking) \_\_\_\_\_

\_\_\_\_\_

Compliance with ABC: \_\_\_\_\_

Signature of Applicant or Agent: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_

Date: \_\_\_\_\_

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Township Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan/ Sketch Submitted: \_\_\_\_\_