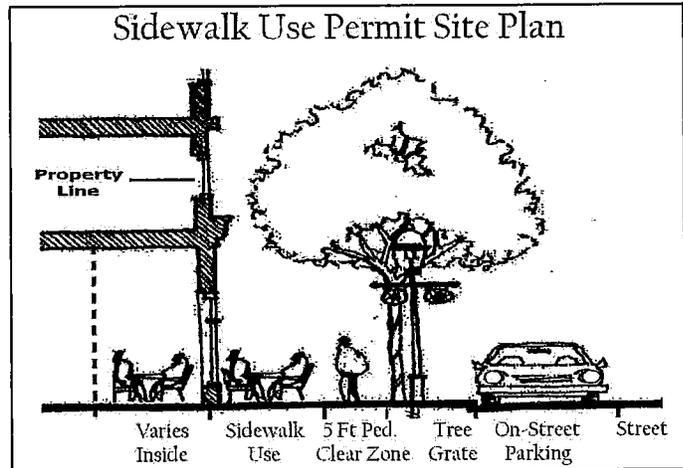


# SIDEWALK USE PERMIT APPLICATION REQUIREMENTS & GUIDELINES

## 1. Documents

1. Signed Conditions of Sidewalk Use Permits Document
2. A Certificate of Insurance pursuant to the conditions of this permit
3. Provide a to-scale "Site Plan" (sample at right) illustrating the applicant's sidewalk use as well as:
  - a. Entrances to businesses
  - b. Property lines, sidewalk widths and all obstructions within 15 feet of the occupied area (including fire hydrants, streetlights, parking meters, tree grates, etc.)
  - c. Width of occupied area, location of tables and chairs and their relative proximity.
  - d. 5-foot minimum pedestrian path/clear zone between the sidewalk use and any obstructions.



## 2. Permit Fee (if new or revised application) – Check made payable to the City of Delaware

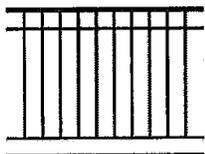
### Historic Preservation Commission Design Guidelines

The following guidelines have been established for any tables and chairs proposed for temporary placement on the sidewalk area:

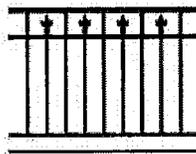
1. The tables and chairs shall be comprised of metal or wood and the color shall compliment the storefront (refer to the \*Downtown Historic District Architectural Standards for color standards). The style and material of any barriers (planters, fences, etc.) shall compliment the storefront.
2. Any use proposing to serve alcoholic beverages in the sidewalk area will need to delineate the entire area with a physical boundary as required by the State Division of Liquor Control and as approved by the City of Delaware.
  - a. At the end of each outdoor season, the City reserves the right to require any holes to be filled per the specifications of the City.
  - b. If the object is permanently removed or the hole pattern is modified, the applicant or property owner must fill all holes per specifications of the City.
  - c. Any damage to the public sidewalk resulting from the anchoring of any object shall be corrected by the applicant or property owner at their own expense and per specifications of the City.
  - d. The City may choose to allow any fencing enclosing an outdoor dining area to remain on the sidewalk between November 1<sup>st</sup> and March 1<sup>st</sup>.
    - (1) A clear pedestrian zone as required by this permit is maintained at all times. This involves maintaining the pedestrian zone free and clear of snow and ice at all times including any snow that may be pushed by from the street onto the sidewalk within the pedestrian zone.
    - (2) In the event the pedestrian zone is not maintained free and clear of any obstruction, the City shall post the property and order the pedestrian zone cleared within 24 hours. Failure to clear the pedestrian zone within 24 hours of notice posted on the property will cause the City to order all fencing to be removed. Multiple violations and failure to comply with City orders will result in an automatic one year suspension of any sidewalk use permits.

The fence shall be historically-appropriate wrought iron or other metal made to resemble historically appropriate wrought-iron.

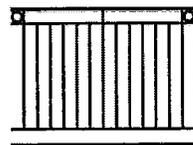
Example fence styles include the following:



Fence Type 1



Fence Type 2



Fence Type 3



Fence Type 4

3. Compliance with the guidelines can result in an administrative approval (no hearing with the Historic Preservation Commission). Those who do not comply will need to submit for a Certificate of Appropriateness and the case will be set for a public hearing at the next available meeting of the Commission.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

<b>PRODUCER</b>  	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.												
<b>INSURED</b>  	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 30%;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		<b>GENERAL LIABILITY</b> <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				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP. (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		<b>AUTOMOBILE LIABILITY</b> <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) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$  OTHER THAN AUTO ONLY: EA AGG \$ AGG \$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$  \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		<b>OTHER</b>				

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

**CERTIFICATE HOLDER**

**CANCELLATION**

<p style="text-align: center; font-weight: bold; font-size: 1.2em;">CITY OF DELAWARE PLANNING &amp; COMMUNITY DEVELOPMENT 1 SOUTH SANDUSKY ST. DELAWARE, OH 43015</p>	<p style="font-size: x-small;">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.</p> <p style="font-size: x-small;">AUTHORIZED REPRESENTATIVE</p>
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