



# TEMPORARY OUTDOOR DINING AREA PERMIT APPLICATION

CITY OF LIVONIA – BUILDING INSPECTION  
33000 CIVIC CENTER DRIVE  
LIVONIA, MI 48154  
(734) 466-2580



Email plans: Inspectionplans@ci.livonia.mi.us

MCLL# \_\_\_\_\_

BUILDING PERMIT # \_\_\_\_\_

**FILL IN ALL ITEMS LISTED BELOW**

**APPLICANT EMAIL:** \_\_\_\_\_

<b>APPLICANT OR CONTRACTOR</b>		<b>PHONE</b>	
Address	City	State	Zip
<b>PROPERTY OWNER</b>		<b>PHONE</b>	
Address	City	State	Zip
<b>OCCUPANT (NAME OF BUSINESS)</b>		<b>PHONE</b>	
<b>LOCATION (# and Street):</b>			
Between (nearest cross streets)		St. and	St.
Lot Number	Lot Size:	ft. WIDE by	ft. DEEP

*I have read and will comply with all provisions of the Joint Declaration and Resolution Permitting Temporary Outdoor Dining Areas During the Covid-19 Emergency which will end no later than October 31, 2020.*

**Initial** \_\_\_\_\_

TO CONSTRUCT:                       Temp Patio                       Temp Tent                       Both

*Check Box*

Number of Tents \_\_\_\_\_ Tent Dimensions \_\_\_\_\_

**Other Information on Project:**  
\_\_\_\_\_  
\_\_\_\_\_

### GENERAL INFORMATION REQUIRED

Seating Capacity – <b>Proposed Indoor</b>	<b>Proposed Outdoor</b>
<i>Proposed Indoor Seating is 50% of the total current allowed Seating</i>	<i>Proposed outdoor seating cannot exceed 50% of Proposed Indoor Seating</i>
Parking Spaces Required:	Provided:
Number of employees: Male	Female
Number of Rest Rooms:	
Does this Building have a Fire Suppression System?	

Cost: \$102.00

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE ORDINANCES OF THE CITY OF LIVONIA.

**AS THE APPLICANT OR CONTRACTOR, YOU WILL BE RESPONSIBLE FOR OBTAINING ALL BUILDING INSPECTIONS!**

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR OWNER  
PRINT NAME: \_\_\_\_\_  
DRIVER'S LICENSE #: \_\_\_\_\_  
WITNESSED BY: \_\_\_\_\_  
(INSPECTION DEPARTMENT)  
DATE: \_\_\_\_\_

**NOT TO BE FILLED IN BY APPLICANT**

**ZONING EXAMINATION:**

Permit is to be issued for:

Bldg: \_\_\_\_\_ Employees: \_\_\_\_\_ Last Use: \_\_\_\_\_

Zoning Grant: \_\_\_\_\_ P.C.# \_\_\_\_\_ C.R.# \_\_\_\_\_

Zoning District: \_\_\_\_\_ Section: \_\_\_\_\_ Use Group: \_\_\_\_\_

REMARKS:

Approved by: \_\_\_\_\_, Examiner Date: \_\_\_\_\_

**ENGINEERING EXAMINATION:**

Type: \_\_\_\_\_ Use Group: \_\_\_\_\_ sq. ft. \_\_\_\_\_ cu. ft. \_\_\_\_\_

Approved by: \_\_\_\_\_, Examiner Date: \_\_\_\_\_

Estimated Cost \_\_\_\_\_ Permit Fee \_\_\_\_\_

Construction Bond \_\_\_\_\_ Zoning Fee \$60.00 \_\_\_\_\_

Admin Fee \$42.00 \_\_\_\_\_

Other \_\_\_\_\_

Total Fee \$102.00 \_\_\_\_\_