



Transfer of Approved Application for Open-Air Dining on Private Property, as Accessory to a Restaurant

City of Coral Gables

Planning and Zoning Division

Phone# 305.460.5235

Application Transfer Request

The undersigned applicant(s)/tenant(s) request the transfer of a previously approved permit for open-air dining on private property. Please check the following boxes to indicate agreement with and understanding of the requirements for a transfer of a previously approved application for open-air dining on private property, as an accessory to a restaurant (see Zoning Code Section 5-119. "Restaurant, open-air" for full list of requirements). Transfer request submitted with certificate of use application.

- There have been no changes, including location and type of chairs and tables, to any of the plans for open-air dining on private property which have been previously approved by the City of Coral Gables.
- The operation of the restaurant shall not interfere with the circulation of pedestrian or vehicular traffic on the adjoining streets, alleys or sidewalks.
- The open-air dining area shall not occupy an area of more than thirty (30%) percent of the public indoor area of the primary restaurant operation.
- The open-air dining area shall be unenclosed and shall be open except that it may be covered with a canvas cover or structural canopy of a building's arcade, loggia or overhang.
- All kitchen equipment used to service the open-air dining area shall be located within the kitchen of the primary restaurant or business.
- The open-air dining area shall be kept in a neat and orderly appearance and shall be kept free from refuse and debris.
- Open-air dining shall comply with all state and local regulations and a maintenance plan shall be required for review and approval by the City.
- Any changes to previously approved plans require resubmittal of application for approval.

General information

Previous Restaurant name: _____

Proposed Restaurant name: _____

Restaurant address: _____

Legal description: Lot(s) _____

Block(s) _____ Section(s) _____

Folio No. _____

Property owner(s): _____

Property owner(s) mailing address: _____

Telephone: Business _____ Fax _____

Other _____ Email _____ @ _____

Applicant(s)/tenant(s): _____

Applicant(s)/tenant(s) mailing address: _____

Telephone: Business _____ Fax _____

Other _____ Email _____@_____

Applicant/tenant affirmation and consent

(I) (We) affirm and certify to all of the following:

1. This request complies with all provisions and regulations of the Zoning Code, Comprehensive Land Use Plan and Code of Ordinances of the City of Coral Gables unless identified and approved as a part of this application request or other previously approved applications. Applicant understands that any violation of these provisions renders the application invalid.
2. That all the information contained in this application and all documentation submitted herewith is true to the best of (my) (our) knowledge and belief.
3. Understand that the application, all attachments and fees become a part of the official records of the City of Coral Gables and are not returnable.
4. Failure to provide the information necessary pursuant to the established time frames included but not limited to application submittal, submission of revised documents, etc. for review by City Staff and the designated reviewing entity may cause application to be deferred without further review until such time the requested information is submitted.
5. Understand that under Florida Law, all the information submitted as part of the application are public records.

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|-----------------------------------|------------------------------------|
| Applicant(s)/Tenant(s) Signature: | Applicant(s)/Tenant(s) Print Name: |
|-----------------------------------|------------------------------------|

Address:

| | | |
|------------|------|--------|
| Telephone: | Fax: | Email: |
|------------|------|--------|

NOTARIZATION

STATE OF FLORIDA/COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ by _____
(Signature of Notary Public - State of Florida)

(Print, Type or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification; Type of Identification Produced _____