

CITY OF VALPARAISO

Board of Public Works and Safety

Application for Approval for Restaurant Vestibule

Name of Business _____

Address of location of Proposed Vestibule _____

Business Mailing Address _____

Contact Person _____

Address _____

Email _____ Telephone _____

Name of Property Owner _____

Address of Property _____

Property Owner Mailing Address _____

Email _____ Telephone _____

Name of Installation Company _____

Name of Liability Insurance Provider _____

Annual Renewal of Permit; Previous Permit Issuance Date _____

Please include the following items when applicable:

- Completed Application
- Detailed Sketch or Picture of Vestibule with Dimensions
- Site Plan showing the Proposed Location of Vestibule and All Dimensions (including building exit door, setback distance from back of curb and distance to any obstructions in Right of Way)
- Copy of Certificate of Insurance
- Signed Hold Harmless Agreement

I have read and understand the Board of Works Vestibule Policy including the applicable penalty and violations provisions. I further understand and agree that permission for use of public right of way is a privilege that can be revoked by the City up to and including removal of the vestibule and/or appropriate legal action if I am found to be in violation.

Signature of Applicant _____ Date _____

Printed Name _____

Signature of Property Owner _____ Date _____

Printed Name _____ Date _____

