



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

Action Taken: \_\_\_\_\_

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

Permit #: \_\_\_\_\_

**PERMIT APPLICATION FOR  
PERMANENT AND SEMIPERMANENT SIDEWALK USAGE**

The applicant / permit holder agrees to:

- Comply with all applicable City rules, regulations, and permit conditions;
- Indemnify and hold harmless the City of Brevard, its employees and NCDOT, if applicable, in all respects, against any and all claims arising out of or related to the issuance of this Permit.

**APPLICANT / PERMIT HOLDER:** \_\_\_\_\_  
(Business Name)

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
(Business Owner's Signature)

**Contact Information:**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Location of Business (Property):** \_\_\_\_\_

**Property Identification Number (PIN):** \_\_\_\_\_

**Permit Type (Check only one) and Fee Schedule:**

- Sidewalk Dining Area:** \$100 application review fee (Permit issued annually for the period beginning February 1 or thereafter and expiring January 31 of each year.)
- Permanent or Semipermanent Object:** \$50 application review fee

**Following must be Included with All Applications:**

- Site Plan** showing the section of sidewalk or pedestrian way to be used for the object or sidewalk dining, the section to be kept clear for pedestrian and fire lane use, and the proposed dimensions and placement of all objects and furnishings. At least five feet of unobstructed space, excluding the curb, measured from any object must be kept clear for pedestrians.
- Description and images or other illustrative graphics** of the objects and/or furnishings to be installed. Vertical dimensions should be included in these descriptions.
- Proof of Liability Insurance** in the amount of \$2,000,000.00 (aggregate) naming the City and, if applicable, NCDOT as additional insured.
- Hold Harmless Agreement** signed by the business owner and notarized.
- Application Review Fee**

**Following must be Included with Sidewalk Dining Applications:**

- Type of Food and Beverage Service** (check all that apply)
  - Full Service with Waiters
  - Takeout/Counter Service
  - Alcoholic Beverages
- Hours of Operation of the Restaurant:** \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM
- Proposed Hours of Operation of the Sidewalk Dining:** \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM
- Copy of all permits and licenses issued by the State, County, or City** including, but not limited to:
  - Health Department Sanitation Inspections
  - ABC Permits including permitted service area
  - City Zoning and Change of Occupancy Permits