



Loudoun County
 Department of Building & Development
 1 Harrison Street S.E., P.O. Box 7000, Leesburg, VA 20177-7000
 (703) 777-0220 www.loudoun.gov/buildingpermits

**TEMPORARY OUTDOOR SEATING
 PERMIT APPLICATION**

The temporary outdoor seating permit will become effective when Loudoun County enters phase 1 of the state's reopening plan. Once issued, this is a temporary approval and will expire on the earlier expiration of the restrictions on indoor occupancy in the Governor's Executive Orders or the rescission by the Board of Supervisors of the County's declaration of Emergency.

Business Name: _____ **Business Type:** _____

Property Address of the Business _____ City/Town _____ State _____ Zip Code _____

Current occupancy load of lawfully established business: _____ Proposed number of outdoor seats: _____

MCPI Number: _____ Are parking spaces being used to expand seating? Yes No

Project Description: _____ If yes, how many spaces will be used for seating? _____

Remember to include:

- A site plan, plat or drawing that shows:
 1. the amount of outdoor seating to be provided;
 2. the location of the outdoor seating and the distance to the building or establishment; ingress and egress to outdoor seating and restrooms;
 3. any changes to the parking lot, existing outdoor seating area;
 4. any electrical changes, and if any outdoor lighting will be used (an electrical permit may be required based on the degree of changes);
 5. location and type of existing outdoor lighting; and
 6. the location and size of any tent or temporary structure that will be used

A copy of the contract with the property owner if the property owner did not sign the application.

Applicant certifies by signature that he/she has the authority to make application, that it is correct, and that any construction use will conform to the regulations of Building Code, Zoning Ordinance, Health Department, and other laws of Loudoun County and the Commonwealth of Virginia and the Governor's Executive Orders.

I, THE PROPERTY OWNER, HEREBY CERTIFY THAT I HAVE READ THE ABOVE AND AGREE TO COMPLY WITH THE ABOVE STANDARDS AND WITH ANY ADDITIONAL CONDITIONS IMPOSED BY THE ZONING ADMINISTRATOR.

Property Owner's Signature _____

Applicant Signature _____

Print Name of Property Owner _____

Print Name of Applicant _____

E-Mail Address of Applicant/Contact Person _____

Phone Number of Applicant/Contact Person _____

**OFFICE USE ONLY PLEASE DO NOT WRITE BELOW
 STAFF REVIEW**

THIS TEMP PERMIT IS **APPROVED** **DENIED** **ADDITIONAL CONDITIONS** **YES** **NO**

 SIGNATURE OF ZONING ADMINISTRATOR OR DESIGNEE

 DATE