TOWNSHIP OF BERNARDS – SPECIAL USE PERMIT
(Allow 5 business days for processing)

INSTRUCTIONS: This form is to be used by local businesses to enable special activities during the multi-stage re-opening due to the COVID-19 pandemic. This completed form along with a plan showing the layout of the proposed outside activity (restaurant tables/chairs, merchandise tables/clothing racks, curbside pickup area, etc.) must be submitted to the Township Zoning Officer at the Engineering Services Building, 277 South Maple Avenue, Basking Ridge. If the activity will be located within a public right-of-way or on Township property, a Certificate of Insurance and a Hold Harmless Agreement indemnifying Bernards Township in accordance with §4-4.6 of the Revised General Ordinances of the Township of Bernards must be submitted.

1. Business_____________________________ Address _______________________________ Block ________ Lot _______
   Owner__________________________ Email ___________________________ Phone __________________

2. Type of Activity (check all that apply):
   [ ] Curbside pick-up of food or merchandise
   [ ] Outdoor seating for dining
   [ ] Outdoor storage and sale of merchandise
   [ ] Street closing for the following activity: ______________________________________________________________
   [ ] Outdoor service of alcoholic beverages (COVID-19 Expansion Permit required)
   [ ] Other: _________________________________________________________________________________________

3. Will any activity be located within a public right-of-way or on Township property? [ ] Yes  [ ] No

4. Description of the activities to be conducted: _____________________________________________________________
   __________________________________________________________________________________________________
   __________________________________________________________________________________________________

Owner/Applicant Signature ___________________________________ Date___________________

Official Use Only:
[ ] Permit Approved Date ________________
   Comments/Conditions of Approval
   __________________________________________________________________________________________________
   __________________________________________________________________________________________________

[ ] Permit Denied Date ________________
   Reasons for Denial
   __________________________________________________________________________________________________
   __________________________________________________________________________________________________

Required Signatures:
[ ] Zoning Officer ________________________________ Date ________________
[ ] Fire Official ________________________________ Date ________________
[ ] Health Department ________________________________ Date ________________
[ ] Police Department ________________________________ Date ________________
[ ] Public Works Department ________________________________ Date ________________
[ ] Township Engineer ________________________________ Date ________________
[ ] Other (______________) ________________________________ Date ________________