



Temporary Outdoor Seating Request

Step 1: Please submit all application materials to cbrunell@cityoflakewood.us

Step 2: A member of the City of Lakewood's development services team, as well as, West Pierce Fire and Rescue will review the proposal documents and respond within 14 days.

Step 3: Approval will be sent via email to the individual who submitted the proposal. Approved proposals will be stamped digitally.

Step 3: For tents over 400 sf, applicant must call West Pierce Fire and Rescue, 253-983-4583, to schedule an inspection of tent installation.

Step 4: Approvals are granted for 90 days, and are subject to renewal.

WARNING: *The owner is responsible for adhering to the rules and regulations of all other agencies with jurisdiction, including: Tacoma-Pierce County Health Department, Washington State Liquor and Cannabis Board, and Governor of Washington. Additional requirements may be imposed by other agencies with jurisdiction. For additional information, please contact the individual agencies.*

GENERAL SUBMITTAL DOCUMENTS

Sub.	
<input type="checkbox"/>	A. Permit Application
<input type="checkbox"/>	B. Site Plan
	<ol style="list-style-type: none"> 1. Illustrate the building location, parking stalls, adjacent streets and ingress and egress on site. 2. Illustrate proposed outdoor seating configuration 3. Illustrate the distance between customer seating and parking/ drive isles 4. Illustrate barrier free access so all customers have access to plumbing fixtures. Fixtures cannot be located more than 500' away from customers. 5. All seating must maintain a 44" minimum sidewalk clearance to ensure barrier free access. Please illustrate that you are maintaining sidewalk clearance. 6. Fire access must be maintained. Please illustrate that you are maintaining fire access.
<input type="checkbox"/>	C. Tent or Temporary Structures
	<p>Note: all temporary structures should have no more than two walls to provide for appropriate ventilation. The two walls may be rigid or flexible.</p> <ol style="list-style-type: none"> 1. Illustrate the location of the tent 2. Provide details as to how it will be weighted down and structurally stable 3. Provide a narrative detailing the length of time the tent will be installed (overnight? Or removed each day?) 4. Tents must be more than 20' from lot lines, buildings, parked cars, or other engines. <ol style="list-style-type: none"> a. For tents that will be up overnight or on a long-term basis: <ol style="list-style-type: none"> i. Provide entrance and exit signs and structural details ii. Tents more than 400 square feet require flame propagation label or certification iii. No smoking signs must be displayed iv. Cooking /open flame not allowed within 20' of the tent open to public v. Minimum 2A:10B:C extinguisher every 75' near the approved exits vi. Consideration for providing temporary approved electrical and lighting – layout and source vii. Heating allowed with approved heat systems and proper fuel systems setbacks viii. Installation of temporary power, lighting, & heating must be in accordance with NFPA 70



6000 Main St. SW, Lakewood, WA 98499
Phone: (253) 512-2261

Temporary Outdoor Seating Request

ADDRESS/LOCATION: _____

BUSINESS NAME: _____ **BUSINESS UBI:** _____

PROPOSED USE: _____ **ZONE:** _____

PIERCE COUNTY PARCEL NUMBER (S): _____ **ACRES:** _____

TENT PROPOSED: (circle one) yes / no

ADDITIONAL NARRATIVE: _____

.....
APPLICANT: (mandatory)

Name: _____ Email Address: _____

Mailing Address: _____ Daytime Phone: _____

City/State/Zip: _____ Professional License No: _____

Signature: _____ Contact Person: _____

AGENT/ CONSULTANT/ ATTORNEY: (mandatory if primary contact is different from applicant)

Name: _____ Email Address: _____

Mailing Address: _____ Daytime Phone: _____

City/State/Zip: _____ License No: _____

.....
PROPERTY OWNER 1: (mandatory if different from applicant)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Email Address: _____

City/State/Zip: _____ Signature: _____

PROPERTY OWNER 2: (if more than two property owners attach additional info/signature sheets)

Name: _____ Daytime Phone: _____

Mailing Address: _____ Email Address: _____

City/State/Zip: _____ Signature: _____

The above signed property owners, certify that the above information is true and correct to the best of our knowledge and under penalty of perjury, each state that we constitute all of the legal owners of the property described above and designate the above parties to act as our agent with respect to this application.