

Public Works Number:	
	/ 3

Department of Public Works Development Services 200 East Santa Clara Street San Jose, California 95113 (408) 535-7802

APPLICATION FOR PARKLET AND SIDEWALK SEATING PERMIT

Permittee			
Street Address	City	State	Zip Code
E-mail Address	City Business License Number (If Permittee is a business)		
Permittee Type ☐ Ground-floor Business Owner or Operator ☐	Fronting Property Owner	□ Busin	ness Association
Main Contact Person	Phone Number		
Title	Organization		
Street Address	City	State	Zip Code
E-mail Address			
Engineer/Architect (if known at time of application)	Phone Number		
Street Address	City	State	Zip Code
E-mail Address	State License Number		
Site Information			
Site Address	Business Name		
Assessor's Parcel Number(s)			
Proposed Project Information	,		
Project Type ☐ Incidental Sidewalk Seating* ☐ Two sets of 1 table & 2 chairs maxOR- ☐ Two benches max.	Sidewalk Seating	□ Parklet	□ Renewal
	Urban Village Historic District	☐ Specific Plan	
Sidewalk Seating Submittal Checklist Application Form Site Plan (3 sets & 1 electronic copy on CD or USB) Statement of Purpose Insurance Application Fee Accessibility Plan	Parklet Initial Submittal C Application Form Preliminary Site Plan (Statement of Purpose Community Outreach & Direct Neighbors/B Property Owner or	4 sets & 1 electron & Consent Letters usinesses	(both required)
Incidental Sidewalk Seating Submittal Checklist ☐ Application Form ☐ Insurance ☐ Application Fee ☐ Accessibility Plan * Drinking establishments are ineligible	Parklet Final Submittal Checklist (submit upon City notification) □ Detailed Site Plan (4 sets) □ Insurances (both required) □ Applicant (\$1M. General Liability) □ Contractor (\$1M. General, Auto, Worker's Comp) □ Maintenance Plan □ Accessibility Plan		
INCLUDE COMPLETED "PARKLET AND SIDE	WALK SEATING PLAN C	HECKLIST" WI	TH APPLICATION
Applicant (Print) Sign	ature		Date