



**Borough Of Pitman**  
110 S. Broadway  
Pitman, NJ 08071  
856-589-2433

**This Application has been revised in 2015 to better follow the requirements of the Borough Ordinance. Please be careful to fill out application completely and provide all needed documentation to meet the intent of the Code.**

**Thank You.**



**Borough Of Pitman**  
**Outdoor Eating Facilities Permit Application**

Revised 11/2015

**1) Permit Requested for:**

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Street Address: \_\_\_\_\_

**2) Applicant:**

Business Name: \_\_\_\_\_

Owner/Officer: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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**ZONING OFFICE USE ONLY**

**INITIAL FEE: \$25.00** \_\_\_\_\_

**RENEWAL FEE: \$15.00** \_\_\_\_\_

**CASH:** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **APPLICATION #:** \_\_\_\_\_

**COLLECTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The Following Items are required to deem the application complete per section 23-1.5.D of the Ordinance

1. Provide attached to application a scale drawing including all applicable items from paragraph 23-1.5:D-1a-c
2. Describe in detail, colors, style, and material of furniture (include photographs or catalog cuts if possible) 23-1.5:D-2

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3. Describe the details as to the plan of operation 23-1.5:D-3

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4. Attach proof of insurance 23-1.5:D-4

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To the best of your knowledge has this business location ever been denied a permit for outdoor seating? Yes \_\_\_ No \_\_\_

I attest that all information provided in this application is true to fact and that I am familiar with the Borough of Pitman Ordinance governing “Outdoor Eating Facilities” and will comply with all aspects of the Ordinance. I also understand that failure to comply with the Borough’s Outdoor Eating Facilities Ordinance may lead to a monetary fine and/or revocation of the permit issued.

Applicant

Date

Property Owner

Date