



Town of Windsor Locks

50 Church Street
Windsor Locks CT 06096
860. 627. 1447

MEMO

Date: May 13, 2020

RE: Executive Order No. 7MM Expedited Approval and Permitting for Outdoor Dining

To: Windsor Locks Community Members

From: Planning and Development Office, Building and Land Use Office

In response to Governor Ned Lamont's Executive Order No. 7MM, related to COVID-19 and expedited approval and permitting for temporary expanded outdoor dining, the offices of Planning and Development and the Building and Land Use Department have prepared a revised permitting form and process in anticipation of May 20, 2020 restaurant sector reopening.

Eligible establishments who wish to utilize this opportunity will follow the following process:

1. Complete and submit the Temporary / Seasonal Use Form on page 2 of this memo. If you are not able to print and scan the document, please include all required information within an email.
2. Submit a drawing or illustration, roughly to scale, depicting with reasonable accuracy the outdoor area that is proposed to be used and what is proposed to be placed, built, or erected in the outdoor area. Businesses using an adjacent property for seating must submit evidence of permission to do so by the adjacent property owner.
3. Submit a narrative that explains the proposal and any noise, waste management, odor, light pollution, and environmental impacts expected and management plans for the same.
4. The form, drawing and narrative shall be submitted by email (to zoningemail@wlocks.com) or mail (to the Building and Land Use Department at the address shown above).
5. The local enforcement official may require an applicant to submit additional information as reasonably deemed necessary to protect public health, safety and the environment.
6. Once your complete application is received, staff will circulate the application to all necessary departments for comment in order to protect public health, safety and the environment.
7. No fee will be required.
8. The local enforcement official will notify the applicant of such decision by the latest of 10 calendar days after the day of receipt of the complete application, or 10 calendar days after the day of receipt of additional required information.

Questions about this local process?

zoningemail@wlocks.com

860.627.1447

Helpful links:

Executive Order No. 7MM <https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7MM.pdf>

Restaurant Reopen Document https://portal.ct.gov/-/media/DECD/Covid_Business_Recovery/CTReopens_Restaurants_C5_V1.pdf?la=en

Yours truly,

A handwritten signature in black ink, appearing to read "Jennifer V. Rodriguez".

Jennifer V. Rodriguez, AICP
Director of Planning and Development



Town of Windsor Locks
 Building and Land Use Department
 Phone: 860 627.1447
 Email: zoningemail@wlocks.com

Temporary Outdoor Seating Permit Application Form

The following offices may be consulted on such applications prior to Zoning Enforcement Officer sign-off to ensure overall health and safety of the proposed temporary use.

Building Official	860 627 1447	Town Planner	860 627 1447
Wetland Agent	860 627 1447	Fire Marshal (radio, site access, suppression)	860 627 1467
Town Engineering	860 623 0569	North Central Health Department	860 745 0383
Public Works	860 627 1405	Water Pollution Control Authority	860 627 1490
Police Department	860 627 1461	Other _____	

1. Project Address: _____ Unit # _____

2. Description of use:

3. Please indicate whether any permanent site, structural, mechanical, plumbing or electrical changes are being proposed. Yes ___ No ___
 If yes, please describe changes here:

4. Please submit this form, along with a drawing or illustration of the outdoor area, in addition to a narrative or other documents as needed to provide the required information for our review. Our office will circulate this application form for review to the appropriate departments. This notification form is not a permit.

5. Applicant Name: _____ Signature: _____

6. Property Owner
 Name: _____ Signature: _____

7. Date: / / Phone: _____ Email: _____

Staff Comments: