



Dear Business Owner:

Subject: Outdoor Café in Designated On-Street Parking Areas Permit

Thank you for your interest in adding to our community by providing a positive contribution to our outside dining environment! Enclosed are guidelines and a permit application to place an outdoor café in a designated on-street parking area in conjunction with selling and consuming food and/or alcohol. This permit is available April 1 until November 1 of each year with the possibility of a longer season, if approved, based on weather.

Traverse City Code of Ordinances Chapter 1020 details the requirements for operating a café in an on-street parking area, and can be viewed in its entirety at:

https://library.municode.com/mi/traverse_city/codes/code_of_ordinances?nodeId=PTTENSTUTPUSECO_TITWOSTSIAR_CH1020ST_1020.10OUCADEREPAAR. Below are highlights of the requirements to consider.

- The City Clerk may only issue a maximum of 15 permits within the Downtown Development Authority District.
- The café shall be located within designated street parking areas where 50 % or more of the parking space is in front of the food service establishment being permitted.
- All platforms shall be removable and must be approved by the City Planning Director, City Engineer, City Department of Public Services, City Fire, and Grand Traverse County Construction Code.
- All drawings and plans for platforms must be drafted by a registered design professional.
- All outdoor café owners shall enter into an agreement with the City further specifying the terms and conditions of the permit.

We hope this information is helpful. The City of Traverse City looks forward to working with you to compliment the dining experience in Traverse City! Should you have any questions, please feel free to contact anyone in the City Clerk's Office at (231) 922-4480 or by email at tcclerk@traversecitymi.gov.

Most sincerely,

Benjamin Marentette, MMC
City Clerk

This general overview is not intended to substitute the ordinance, and may not contain all provisions as noted in the ordinance. All applicants should familiarize themselves and adhere to the Traverse City Code of Ordinances Chapter 1020, Sections 1020.07, 1020.08 and 1020.10 which can be viewed in their entirety at

https://www.municode.com/library/mi/traverse_city/codes/code_of_ordinances.

Purpose

Outdoor Cafés in designated on-street parking areas, similar to Sidewalk Cafés, contribute to a vibrant urban culture and make the streets of Traverse City more dynamic places to walk, socialize, and dine. Outdoor Cafés are temporary dining areas that occupy designated parking areas during dining establishment hours, with the outdoor café, closing by 11:00 p.m. each night. This document is a guide to creating temporary outdoor cafés that are safe and attractive to the restaurant patrons and pedestrians.

The City of Traverse City encourages the use of durable and high-quality outdoor furnishings and materials to increase the safety and comfort of those utilizing of outdoor cafés. Please contact the City Planning Department to discuss aesthetic requirements of the platform at 231-922-4464.

Additional Requirements

The Café shall be separated from vehicular traffic with a one inch perimeter and surrounded by a barrier generally 36 inches in height and be approved by the City Planning Director, City Engineer, City Department of Public Services, City Fire, and Grand Traverse County Construction Code, which will remain in place at all times when the café is in operation, and shall include markings or other devices or decorations to make the barrier clearly visible at all times. Planters are required.

The platform shall not be placed in the designated on-street parking spaces sooner than April 1 each year and shall be removed no later than November 1 each year, At the discretion of the City Clerk, the time frame when the platform may be placed in the designated on-street parking spaces may be extended.

The Café shall conform to the site plan which shall be incorporated as part of the permit. Such site plan shall show the following: the design, relevant details and location of all temporary structures, including the dimensions of the removable platform, planters, landscaping, railings, tables, chairs and lighting. Permitted materials include, wood, metal, cast iron, steel, and high-quality recycled plastic.

Smoking shall be prohibited; and a sign shall be posted within the platform indicating smoking is prohibited.

Serving Alcohol

In every case where alcoholic beverages are being served and sold, a one square foot sign must be posted in a prominent location that indicates “No Beverages beyond the Barrier of this Café.” A copy of this sign shall be attached to the application. Outdoor Cafes serving alcohol must also be designed and operated in accordance with Michigan Liquor Control Commission (LCC) requirements. *Please determine the applicable requirements before preparing or submitting your Outdoor Café Application Form by contacting the LCC office. They may be reached by telephone at: 1-866-813-0011.*

Insurance Coverage

All Outdoor Café applicants are required to provide a certificate of General Liability in the amount of \$1 Million per occurrence, naming the City of Traverse City as additional insured, as well as provide an Endorsement to the policy naming the City of Traverse City as additional insured.

For those Outdoor Café applicants who are requesting permission to sell and serve alcohol, you are also required to provide Liquor Liability coverage in the amount of \$1 Million per occurrence, also naming the City of Traverse City as additional insured.

Further Review of Café

A Right-of-Way permit will be required annually for your café.

The Grand Traverse County Construction Code is also required to review your application and inspect your café annually. For further information, contact their office at 231-995-6044.

Fees Required

The application fee for an Outdoor Café permit is \$350.

There is a \$10/day fee charged for the use of the public parking space. Contact the Parking Department at 231-922-0241 to let them know when you plan to install your café.

Your Right-of-Way permit application fee may change from year to year. Contact the City Engineering Department at 231-922-4467 for further information.

Your Building Permit application and Plan Review from the Grand Traverse County Construction Code office has associated fees. Contact their office at 231-995-6044 for details.

Renewal of Permit

Outdoor Café Permits are valid from April 1 to November 1 of each year, and must be renewed annually. If you had two or more violations in the previous permit year, the City is unable to renew your permit.

More Information

For more information, visit www.traversecitymi.gov. On our website, you can access the ordinance sections pertaining to Outdoor Cafés, the application packet, and contact information for all City Departments involved in approving Outdoor Café applications.

**CITY OF TRAVERSE CITY
APPLICATION FOR OUTDOOR CAFÉ
IN DESIGNATED ON-STREET PARKING AREAS**



This application is for the placement of tables and chairs, planters, and windscreens on City property designated as on-street parking areas for selling and consuming food, beverages and alcoholic beverages at a food service establishment (this permit is not for preparation of food and beverages, only for the sale and consumption).

Name of Food Establishment: _____

Address: _____

E-mail address: _____

Name of Owner: _____ Phone No: _____

Name of Manager: _____ Phone No: _____

Business hours: _____

How many on-street parking spaces will you be utilizing (maximum of two)? _____

Have you reviewed the guidelines for Outdoor Cafés and the Outdoor Café Ordinance?

☐ Yes ☐ No

Will you be serving/selling alcoholic beverages?

☐ Yes ☐ No

Is a copy of your required one square foot sign stating “No Alcoholic Beverages beyond the Barrier of this Café” attached?

☐ Yes ☐ No ☐ N/A

Has the appropriate fee been paid?

☐ Yes ☐ No

Have you attached the required insurance coverage naming the City of Traverse City as additional insured and the endorsement page which also names the City of Traverse City as additional insured?

☐ Yes ☐ No

Did you attached a site plan prepared by a registered design professional showing the outdoor cafés relative location to buildings, location of barriers, entryway to café, tables, chairs, planters, wait staff stations, etc.

☐ Yes ☐ No

- Is the café separated from vehicular traffic with a one-inch perimeter? and surrounded by a barrier generally 36 inches in height?
☐Yes ☐No
- Is the café surrounded by a barrier generally 36 inches high that has devices or decorations to make it visible at all times?
☐Yes ☐No
- Does your site plan detail the design, relevant details and location of all temporary structures, including the dimensions of the removable platform?
☐Yes ☐No
- Does your site plan detail the design and relevant details and location of the planters, landscaping, railings, tables, chairs and lighting?
☐Yes ☐No
- Will your platform be constructed of the permitted materials (wood, metal, cast iron, steel, and/or high-quality recycled plastic)?
☐Yes ☐No

Will you be operating your outdoor café in conjunction with a sidewalk café?

☐Yes ☐No

The undersigned, declares and says he/she wishes to be permitted to perform the operation, service or act stated hereon and that the statements made above are true and correct to the best of his/her knowledge and belief. The undersigned further says that he/she will comply with all provisions of the ordinances of the City of Traverse City relative to the operation, service or act for which the permit is requested. The undersigned further agrees to hold the City of Traverse City free and harmless from all liability which may be imposed upon it, to reimburse the City of Traverse City for all expenses of litigation in connection with the defense of claims as such liability and claims may arise because of negligence in the performance of the work or act for which the permit was issued.

The applicant acknowledges that the City may be required from time to time to release records in its possession. The applicant hereby gives permission to the City to release any records or materials received by the City from the applicant as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Date

Signature of Applicant



CITY OF TRAVERSE CITY
Engineering & Planning Departments
400 Boardman Ave - Traverse City, MI 49684 - 231-922-4460

Project Application Form

*Electronic submission of complete sets of site plans/building plans required
(paper copies required only upon request).*

Project Address: _____ Date of Application: _____

Parcel ID: _____ - _____ - _____ - _____ - _____

Applicant: _____ Phone: _____

Address: _____ Zip: _____

Email Address: _____

Is Applicant also Owner: ☐ Yes ☐ No: _____

Is Applicant also the Contractor: ☐ Yes ☐ No

Contractor: _____ Phone: _____

Address: _____ Zip: _____

Project Description: _____

Project Schedule: Start date _____ Completion date _____ Location: ☐ Front ☐ Rear ☐ Side

New utility hook-ups required? ☐ Yes ☐ No

Will this project require any on street parking where it is not currently permitted? ☐ Yes ☐ No

Fees will be paid by: ☐ Applicant ☐ Contractor ☐ Owner ☐ Other _____

For Right-of-Way Permits - Choose one:

☐ Providing Bond (Please issue Bond Refund to: ☐ Owner ☐ Contractor ☐ Applicant ☐ Other _____)

☐ Special Assessment -In lieu of posting a bond to ensure the restoration of the right-of-way, street, alley, or other public place following completion of the work done pursuant to this permit, I (we) consent to a special assessment pursuant to Section 232.04 of the City's Codified Ordinances in the amount of the labor, material or services incurred by the City in restoring the public right-of-way, street, alley, or public property to its former condition in the event that the right-of-way, street, alley, or public property is not restored to its former condition as required by Section 1024.04 of the City's Codified Ordinances.

Applicant/Owner's Signature _____ Contractor's Signature _____

In signing this application the applicant/property owner agrees to all "Terms & Conditions" for all permits issued, including on site inspections by City of Traverse City Zoning, Planning, Engineering and Assessing officials, necessary to ascertain compliance, completion and value of the content of the permit(s).

(Internal Use Only)

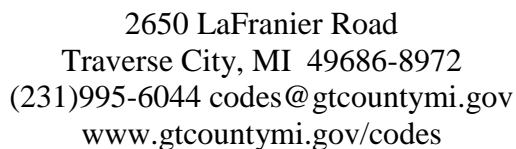
CITY PERMITS/APPROVALS REQUIRED

Yes	No	Permit Type	Permit #	Fee
[]	[]	Land Use Permit	_____	_____
[]	[]	Right of Way Permit	_____	_____
[]	[]	Right of Way Bond	_____	_____
[]	[]	Soil Erosion Permit	_____	_____
[]	[]	Stormwater Runoff Control Permit	_____	_____
[]	[]	Fire Review	_____	_____
[]	[]	Utility Review	_____	_____

Approval: _____ Date: _____
Planning/Zoning

Approval: _____ Date: _____
Engineering

ROW Distribution: ☐ Fire ☐ Police ☐ Water/Sewer ☐ Streets ☐ Parks ☐ DDA ☐ Parking Completed By: _____



PERMIT APPLICATION BUILDING

IMPORTANT- Applicant to complete all items in sections I, II, III, IV, V, and VI.			
I. LOCATION OF BUILDING			
Address: _____			
City/Village: _____		Township: _____	Zip Code: _____
Between _____		And _____	
II. TYPE OF IMPROVEMENT		<input type="checkbox"/> CHECK IF PROJECT IS WITHIN 500' OF LAKE OR STREAM	
<input type="checkbox"/> 1. New Building <input type="checkbox"/> 2. Addition <input type="checkbox"/> 3. Alteration	<input type="checkbox"/> 4. Repair <input type="checkbox"/> 5. Wrecking <input type="checkbox"/> 6. Mobile Home Set-Up	<input type="checkbox"/> 7. Foundation Only <input type="checkbox"/> 8. Premanufacture <input type="checkbox"/> 9. Relocation	
III. PROPOSED USE OF BUILDING			
A. RESIDENTIAL			
<input type="checkbox"/> 10. One Family <input type="checkbox"/> 11. Two or More Family (no. of units _____)	<input type="checkbox"/> 12. Hotel, Motel (no. of units _____) <input type="checkbox"/> 13. Attached Garage	<input type="checkbox"/> 14. Detached Garage <input type="checkbox"/> 15. Other _____	
B. NON-RESIDENTIAL			
<input type="checkbox"/> 16. Amusement <input type="checkbox"/> 17. Church, Religious <input type="checkbox"/> 18. Industrial <input type="checkbox"/> 19. Parking Garage	<input type="checkbox"/> 20. Service Station <input type="checkbox"/> 21. Hospital, Institutional <input type="checkbox"/> 22. Office, Bank, Professional <input type="checkbox"/> 23. Public Utility	<input type="checkbox"/> 24. School, Library, Educational <input type="checkbox"/> 25. Store, Mercantile <input type="checkbox"/> 26. Tanks, Towers <input type="checkbox"/> 27. Other	
NON-RESIDENTIAL- Describe in detail proposed use of the building, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.			
_____ _____			
IV. SELECTED CHARACTERISTICS OF BUILDING			
A. PRINCIPLE TYPE OF FRAME		B. PRINCIPLE TYPE OF HEATING FUEL	C. TYPE OF SEWAGE DISPOSAL
<input type="checkbox"/> 28. Masonry (wall bearing) <input type="checkbox"/> 29. Wood Frame <input type="checkbox"/> 30. Structural Steel <input type="checkbox"/> 31. Reinforced Concrete <input type="checkbox"/> 32. Other-Specify: _____ _____		<input type="checkbox"/> 33. Gas <input type="checkbox"/> 34. Oil <input type="checkbox"/> 35. Electricity <input type="checkbox"/> 36. Coal <input type="checkbox"/> 37. Other-Specify: _____ _____	<input type="checkbox"/> 38. Public or Private <input type="checkbox"/> 39. Private (septic tank, etc.)
			D. TYPE OF WATER SUPPLY
			<input type="checkbox"/> 40. Public or private company <input type="checkbox"/> 41. Private (well, cistern)
E. TYPE OF FOUNDATION 42. ____ Slab 43. ____ Piers 44. ____ Crawl Space 45. ____ Basement			
F. DIMENSIONS		G. NUMBER OF PARKING SPACES	H. RESIDENTIAL BUILDINGS ONLY
46. Number of stories _____		49. Enclosed _____	51. Number of bedrooms _____
47. Total square feet of finished floor area, all floors _____		50. Outdoors _____	52. Number of bathrooms
48. Total land use area, sq ft _____			Partial _____
			Full _____

V. IDENTIFICATION		
<u>A. OWNER OR LESSEE NAME</u>	TELEPHONE NUMBER	
	CELL PHONE NUMBER	
ADDRESS	EMAIL	
CITY	STATE & ZIP CODE	
<u>B. ARCHITECT OR ENGINEER NAME</u>	TELEPHONE NUMBER	
	CELL PHONE NUMBER	
ADDRESS	EMAIL	
CITY, STATE, ZIP	LICENSE # & EXP.	
<u>C. CONTRACTOR NAME</u>	TELEPHONE NUMBER	
	CELL PHONE NUMBER	
ADDRESS	EMAIL	
CITY	STATE	ZIP CODE
BUILDERS LICENSE #	EXPIRATION DATE	
FEDERAL EMPLOYER ID # OR REASON FOR EXEMPTION		
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION		
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION		
VI. APPLICANT INFORMATION: APPLICANT IS RESPONSIBLE FOR THE PAYMENT OF ALL FEES AND CHARGES APPLICABLE TO THE APPLICATION AND MUST PROVIDE THE FOLLOWING INFORMATION.		
NAME	TELEPHONE NUMBER	
ADDRESS	CELL PHONE NUMBER	
CITY	STATE & ZIP CODE	
EMAIL ADDRESS	Preferred method of contact for plan reviews _____	
FEDERAL EMPLOYER I.D. # (or reason for exemption)		
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge.		
Section 23a of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1253a of the Michigan Compiled laws, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.		
<u>APPLICANT SIGNATURE:</u>		<u>APPLICATION DATE</u>
<u>PRINT APPLICANT NAME:</u>		
***remodels only – cost of project:		
NOTES – FOR DEPARTMENT USE		