

COMMUNITY DEVELOPMENT

DIRECTOR'S POLICY OUTDOOR DINING CHECKLIST AUGUST 10, 2009

The Community Development Director has determined it is necessary to implement revised policies, procedures, and standards to permit outdoor dining. These revised policies are implemented under the Director's authority and are effective on Monday, August 10, 2009.

The following materials, and any others deemed appropriate by the Director, shall be submitted as part of any application.

- **Planning Application** (signed by the property owner and applicant).
- **Written recommendation from the Downtown Ventura Organization (DVO).** This review will include all proposed barrier fencing, furnishings, umbrellas, signs (including umbrella signage), lighting, plants, etc.
- **Certificate of Insurance + Additional Insured.** Unless otherwise modified by the Community Development Director upon the recommendation of the City Risk Manager, each applicant shall provide proof of broad form general liability insurance covering the dining area in the public right-of-way, in an amount of not less than \$1,000,000. Insurance coverage, amount and proof of coverage shall be to the satisfaction of the City Risk Manager and the Community Development Director.

It is the applicant's responsibility to ensure that the City receives a new insurance certificate each year.

- **Assumption of Liability and Indemnity** executed by the Applicant and Property Owner, which shall hold harmless and indemnify the City against any and all claims brought on as a result of the outdoor dining in the public right-of-way.
- **Site Plan** delineating proposed dining area (drawn to scale). Shall include:
 - Dimension of sidewalk (from building to curb face).
 - All permanent street furnishings (i.e. lighting, planters, trash receptacles, trees and tree wells, etc.).
 - Proposed location of barrier fencing, tables, chairs, umbrellas, signs etc.
 - Proposed circulation to and from the outdoor dining area.
 - Distance from the adjoining curblines, street furniture, utilities, intersections to the proposed dining area.
- **Description** of barrier fencing, tables, chairs and other furnishings (i.e. umbrellas, signs).
- **Hours of Operation**

- **Filing fee** (check with Planning)
- **License Agreement** may be needed – check with Land Development (required only for permanent improvements in right-of-way and not applicable to furniture that is removed at the end of the business day).

Outdoor Dining Requirements:

General:

- Minimum 5' clearance for the path of travel must be provided.
- Minimum 50' of clearance between dining furnishings and centerline of intersecting perpendicular streets to provide for adequate vehicle sight.
- Tables and chairs used for outdoor dining shall be of substantial materials. Only dining furniture such as tables, chairs, benches and umbrellas are permitted. Tables are required as permit is for dining - not bar use.
- Furniture shall be primarily dark in color. The Director may provide relief to this requirement upon inclusion of exception request with the Planning Application.
- If umbrellas are proposed:
 - Commercial-grade bases required; residential-grade products are not acceptable.
 - Umbrellas will be maintained and replaced over time once soiled or in disrepair.
 - Additional signage on umbrellas is permitted (subject to DVO review).
 - A minimum clearance of 80" between the sidewalk and the lowest point of the umbrellas' canopy is required.
- No outdoor dining use in public right-of-way shall substantially block visibility of display windows or signage of adjacent businesses (unless written consent is given by affected business).
- One portable "A" frame sign is permitted in front of the dining establishment, leaving 4' of clearance between two fixed objects. The "A" frame sign must be submitted in conjunction with the Outdoor Dining permit application. Otherwise, a separate permit is required
- Changes to any elements of outdoor furniture after original approval shall be approved by the DVO. Applicant must initiate and gain approval prior to purchase of new furniture.
- Outdoor sidewalk dining area shall be kept clean at all times.
- Any relocation of existing public street furniture or public facility (including benches, parking meter pay station, planter box, sign, etc.) proposed as a result of the outdoor dining use shall be relocated at the permittee's cost to a location approved by the City.
- Sec. 24.477.050 Rental Fee - The City Council may further adopt a public right-of-way rental fee by resolution.

Barrier Guidelines (required for dining with alcohol):

A fixed barrier (per ABC approval/requirements) is required for outdoor dining uses that want to serve alcohol in the public right-of-way (**a dining use on its own would not require a barrier**).

- Black metal posts and fencing are required (steel or wrought iron is suggested).
- Barrier must be certified (i.e. from manufacturer) that it can withstand a minimum 50# lateral load AND a 200# vertical load along the top rail of the barrier.
- Barrier shall not have pointed, sharp or spiked tops (flat or rounded preferred).
- Solid walls/opaque fencing discouraged. 75% transparency required.
- Drilled holes in sidewalk for support stanchions must be tight-fitting with a 1" maximum diameter.
- Overall barrier height is required to be a minimum of 42" and may not exceed 45".
- If a barrier is installed, the entire concrete panel where drilling occurs shall be replaced when the outdoor dining use is discontinued. The Director may permit less replacement / repair as appropriate.
- All outdoor dining furnishings, including fencing, must comply with all applicable ADA requirements.

Access to Sidewalk from On-Street Parking Spaces

- If outdoor dining is proposed at the curb there must be a clearance of 3 feet centered at the parking stall markings. Furnishings associated with the outdoor dining use are not permitted within this 3-foot area.

Enforcement

- The DVO will provide the initial response to complaints of non-violent violations with these guidelines. When the DVO desires City Code Enforcement assistance, the DVO must forward proof of at least two written attempts to resolve the violations and at least one photo of each of the subject violation(s).
- City Code Enforcement will issue an immediate citation to business owners that are found in violation after a DVO referral for assistance.

DVO:
420 Santa Clara
Ventura, CA 93001
(805) 641-1090

**PLANNING
APPLICATION**

Applicant: _____ **Contact Person:** _____
Mailing Address: _____ Mailing Address: _____
Phone Number: _____ Fax: _____ Phone Number: _____ Fax: _____
e-mail: _____ e-mail: _____

Architect: _____ **Engineer:** _____
Mailing Address: _____ Mailing Address: _____
Phone Number: _____ Fax: _____ Phone Number: _____ Fax: _____
e-mail: _____ e-mail: _____

Project Address/Location: _____
Assessor's Parcel Number(s): _____
Existing Zoning: _____
General/Comprehensive Plan Land Use Designation: _____
Brief Description of Project: _____
If applying for a Variance, is it for: Setback Parking Lot Coverage Height
Explain Variance Request: _____
Is this property identified in the DTSC's Hazardous Waste and Substances Site List – Site Cleanup (Cortese List)? Yes No
List is available at www.dtsc.ca.gov/SiteCleanup/CorteseList.cfm.

Owner Certification

Property Owner (Please Print) _____ Area Code/Phone Number _____
Address _____ Area Code/Fax Number _____
e-mail _____

I hereby certify that the information furnished above, and in the attached exhibits, is the data and information required for the project's evaluation, and the facts, statements, and information presented are true and correct to the best of my knowledge.

Signature: _____

FOR STAFF USE ONLY

Case Nos. _____

Project Number _____ Date Received _____ Received By _____
of Plans (Sets) Submitted: _____ Color Rendering YES NO Hillside Survey YES NO
Landscape Plans YES NO Photographs YES NO Title Report YES NO
Color/Material Board YES NO Reduced Copies YES NO PowerPoint YES NO

INCOMPLETE APPLICATIONS OR POOR QUALITY GRAPHICS WILL NOT BE ACCEPTED.

HOURS: Monday, Tuesday, Wednesday and Friday, 7:30 a.m. to 5:00 p.m.
Thursday 9:00 a.m. to 5:00 p.m. Closed alternate Fridays.
Check City website at www.cityofventura.net
LOCATION: Ventura City Hall, 501 Poli Street, Room 117
PHONE: (805) 654-7725
MAILING ADDRESS: P.O. Box 99, Ventura, CA 93002-0099

This document is available in alternate formats by calling the City of Ventura Community Development Department at 805/654-7894 or by contacting the California Relay Service.

CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)
3/1/02

PRODUCER
DRIVER ALLIANT INSURANCE SERVICES, INC.

This box contains information about the consultant's insurance broker

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

This box should contain the name of the proposed consultant

INSURERS AFFORDING COVERAGE

INSURER A: _____

INSURER B: _____

INSURER C: _____

INSURER D: _____

INSURER E: _____

Consultant's Insurance companies are listed in this box. Check best's ratings. The letter next to the name of the insurer in this box is used to identify which insurer provides which coverage as shown in column "CO LTR"

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Policy limits shown in this column must equal or exceed City specifications
\$1M Occ
\$2M Agg

Engineering
\$2M Occ

INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY					
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR					
GEN'L AGGREGATE LIMIT APPLIES PER: POLIC Y PRO-JECT LOC					
EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____					
AUTOMOBILE LIABILITY					
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					
COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____					
GARAGE LIABILITY					
<input type="checkbox"/> ANY AUTO					
AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____					
EXCESS LIABILITY					
<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ _____ <input type="checkbox"/> RETENTION \$ _____					
EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____					
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY					
<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER					
E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____					

These boxes should be checked

Policy numbers are listed here. Should match additional insured endorsement for general liability

These dates must cover contract period. Check dates for all policies required.

Required auto limit should go here.

Not here (except personal auto)

This box should be checked

Policy numbers go here. Should match additional insured endorsement for general liability

WC Statutory Limits box should be checked. \$1,000,000 EL minimum

OTHER

This row is used for other types of coverage that may be required such as professional liability, pollution, builder's risk, etc.

The description of operations should be as broad as possible, e.g. "all operations performed under contract for additional insured." This box may also show your entity as additional insured under the general liability policy (although an **endorsement is still required**). Project Name and Number.

No less than 30 days.

CERTIFICATE HOLDER | **ADDITIONAL INSURED; INSURER LETTER**

This section should identify your entity as the additional insured and provide the mailing address; e.g.

City of San Buenaventura
Community Development Department
Sidewalk Dining Permit
P. O. Box 99
Ventura, CA 93002

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT _____

Reproduction of Insurance Services Office, Inc. Form (ISO)

POLICY NUMBER:

Consultant's general liability policy number goes here. Make sure it matches the number

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED—DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

City of Ventura, its officials, employees and authorized representatives

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

Many insurers/agents/brokers will add a paragraph here complying with the requirement that the contractor's policy be non-contributory with respect to any coverage available to your entity. Since this is not an automatic provision of the CGL policy, it must

COMMUNITY DEVELOPMENT

CITY OF SAN BUENAVENTURA

OUTDOOR DINING IN THE PUBLIC RIGHT OF WAY

APPLICANT'S ASSUMPTION OF LIABILITY AND INDEMNITY

Applicant's Name: _____

Name of Establishment: _____

Address: _____ Phone #: _____

I, _____ shall save harmless and indemnify, and, at the City's request, defend the City, its officers, officials, employees, agents, representatives and volunteers from and against any and all claims, demands, actions, damages, expenses, suits, accidents, injuries, liability, or proceedings of any character whatever (including without limitation, attorney's fees), brought for or on account of, or resulting from or arising out of or in connection with, any act, negligence, wrongful conduct, or other action by applicant, applicant's employees, agents or representatives, or any of applicant's lessees or subcontractors in connection with or in the performance of the outdoor dining permitted in the public right of way, or the use or condition of the public right of way permitted for outdoor dining.

Applicant's Signature and Title Print Name Date

Property Owner Signature Print Name Date