

CITY OF ALEXANDRIA
OUTDOOR DINING DESIGN GUIDELINES APPROVAL
KING STREET OUTDOOR DINING OVERLAY ZONE

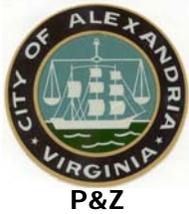
APPLICANT'S NAME: _____ EMAIL: _____

TELEPHONE #: _____ FAX #: _____

PROPERTY ADDRESS: _____ NAME OF RESTAURANT: _____

PLEASE REVIEW THE *KING STREET OUTDOOR DINING DESIGN GUIDELINES* BEFORE FILLING OUT THE FOLLOWING SECTIONS:

<input type="checkbox"/> Sectional Fencing	<input type="checkbox"/> Rope or Chain Barrier	<input type="checkbox"/> Planters
<p>If sectional fencing is used:</p> <p>_____ Indicate material of sectional fencing (must be wood or metal).</p> <p>_____ Indicate maximum height of sectional fencing (must be min. of 36 inches).</p>	<p>If rope or chain barrier is used:</p> <p>_____ Indicate material of posts (must be wood or metal), if applicable.</p> <p>_____ Indicate diameter of rope/chain used (must be min. of 1 inch diameter to be safe for visually impaired pedestrians).</p> <p>_____ Indicate maximum distance from ground (must not exceed 27 inches, as described on Page 10 of Design Guidelines)</p> <p><input type="checkbox"/> Any post must have a flat base, no greater than ½ inch (not domed). Check if posts have flat base.</p>	<p>If a planter(s) are used:</p> <p>_____ Indicate maximum height of planter or planters (min. of 36 inches, as described on Page 10 of Design Guidelines).</p>



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➤ Attach color photograph, drawing, or other graphic representation of the following (images from catalogs, etc. are OK) applicable items:

Chair design to be used in outdoor dining area

Table design to be used in outdoor dining area

Umbrella design to be used in outdoor dining area (if applicable)

_____ If umbrella is used, specify type of umbrella cover material (must be canvas or similar material – no plastic or vinyl, no signs or advertising)

Please Sign below that the furniture and fixtures used in your restaurant's outdoor dining area will conform to the Outdoor Dining Design Guidelines and the provisions of the Outdoor Dining Overlay Zone (§ 6-800 of the City of Alexandria Zoning Code):

Print Name of Applicant

Signature