

Town of Colchester, Connecticut

127 Norwich Avenue, Colchester, Connecticut 06415

Mary Bylone, First Selectman

TOWN OF COLCHESTER **LAND USE DEPARTMENT**

TEMPORARY CERTIFICATE FOR OUTDOOR DINING

Applicant: Maria's Pizza Palace

Address of Temporary Certificate: 744 Middletown Road

Name of Contact: Nasoula Koutsofayas

Pursuant to State of Connecticut Executive Order 7MM, Colchester Town staff has reviewed the "Temporary Certificate for Outdoor Dining" application submitted by the above Applicant, together with all additional materials in support of said application. The Zoning Enforcement Officer finds that the materials submitted by the Applicant materially meet the requirements of the application and guidelines.

The Zoning Enforcement Officer approves solely the activities and the configuration set forth in the documents submitted with the application. Any variation of the information provided in the materials submitted will require the Applicant to amend the application. Failure to do so may result in the revocation of this approval.

This certificate shall confer no permanent rights to the holder, its successor or assigns. Any rights conveyed herein shall expire upon the termination of Executive Order 7MM, or its succeeding Executive Orders.

As set forth in Executive Order 7MM, this approval may be appealed to the Colchester Planning and Zoning Commission by filing a notice of intent to appeal with the Colchester Land Use Department within seven (7) days of receipt of this notice, via email or otherwise. Appeals may be filed by emailing zoning@colchesterct.gov and requesting an appeal. Said appeals will be heard at the next regularly scheduled meeting of the Planning and Zoning Commission, virtually or at a physical location.

Matthew R. Schaub, Planning Director for
Daphne C. Schaub, CZEO
Assistant Planner and ZEO

5/21/2020
Date

TEMPORARY CERTIFICATE FOR OUTDOOR DINING

Town of Colchester
127 Norwich Ave. Colchester, CT 06415
860-537-7278

☒ Modification for Existing Outdoor Dining Approval

☐ New Outdoor Dining Approval

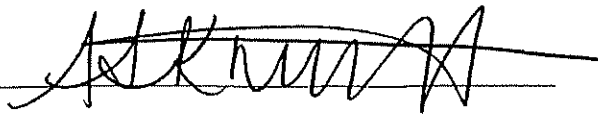
which one?

1. Name of Applicant: Manas Pizza Palace CT, LLC Phone: 860 267 8722
Mailing Address: 744 Middletown Rd.
2. Name of Contact: Nasoula Koutsoufavas Phone: 860 638 9788
Mailing Address: 744 Middletown Rd.
Email: manaspizza744@yahoo.com
3. Name of Property Owner: Souvalis, LLC Phone: 860-267-8722
Mailing Address: 744 Middletown Rd
4. Property Address: 744 Middletown Rd.
5. Assessor's Lot Number: _____ 6. Zone: _____

7. **TEMPORARY APPROVAL** - Any approval granted for new outdoor dining area, or a modification to existing outdoor dining area is temporary and shall expire upon the cessation of any Executive Order prohibiting indoor dining. Certain elements of this approval such as those under the jurisdiction of the Building Official, Fire Marshal, or Chatham Health District, may have conflicting expiration dates. It is the responsibility of the applicant to renew any lapsing permits with any such coordinating authorities in the case they expire prior to the suspension of the Executive Order limiting restaurants to outdoor dining only.

8. All information submitted with this application is true and accurate to the best of my knowledge. The applicant understands that this application is to be considered complete only when all information and documents outlined under "Standards and Submissions" have been submitted. In addition, by signing below, the applicant confirms their understanding of any terms or conditions applied to the permit if approved, particularly the expiration date. Under no circumstances shall any permit for new outdoor dining and/or modified outdoor dining extend beyond the ability of the applicant to resume normal business.

Date: 5/19/2020



Signature of Applicant Business owner

Date:

5/19/2020

Signature of Property Owner

STANDARDS AND SUBMISSION REQUIREMENTS

Applications must be accompanied by the following:

A site plan of the property and written narrative outlining the proposed or modified dining facilities. Contact the Land Use Department to determine if a survey or plot plan is available. If a survey is not available, the applicant can provide a site plan on a printout of the property obtained from the Town's GIS mapping.

1. Complete applications and associated attachments will be accepted via mail and via email at keavanaugh@colchesterct.gov. There is a drop-box located at Town Hall as well (please indicate Attn: Land Use Department - Temporary Outdoor Dining Certificate).
2. The required survey/site plan must illustrate:
 - a. The location of any tables, tents, waitstaff stations, waste receptacles, or any applicable furniture associated with the operation.
 - b. An outline of the maximum area, including scaled dimensions, to be used for the operation.
 - c. The path to be used by waitstaff for service to and from the kitchen must be safe and obstruction free.
 - d. The survey/site plan must be drawn to scale. Failure to do so will impact staff's ability to assess the operation and may result in delays.
3. The application must include a narrative outlining all operations including:
 - a. Employee training and preparation.
 - b. Implementation of safety measures, particularly where dining in active parking lots is requested.
 - c. Privacy measures taken to minimize disturbance (if any) to abutting areas.
 - d. Hours of operation.
4. In addition to the safety risks anticipated from the current pandemic, the Town of Colchester is aware of risks imposed on patrons from vehicular traffic. If area is lacking to provide outdoor dining service on existing patios, decks (or lawns or other surfaces if permitted by the Chatham Health District), the use of a portion of the parking area may be considered. Understanding the inherent concerns of using a parking area for dining, and with due consideration to the loss of parking spaces, the following considerations must be addressed:
 - a. The site plan must demonstrate that parking is adequate for the proposed outdoor seating.
 - b. A plan to ensure the safety of patrons including, but not limited to adequate protection from vehicular intrusion into the outdoor dining area.

MARIA'S PIZZA PALACE CT, LLC OUTDOOR SEATING APPLICATION

- Seating is for 24 people (6 tables of 4) spread out at 7'
- 3 tables are wooden picnic tables with poly covering, 3 tables are plastic picnic tables
- There will be no service at the tables, customer will order on the phone, pay by card over the phone and then pickup curbside and take to picnic table if wanted. The customer would then clean off table and throw garbage in garbage can provided before leaving. My staff will be available to clean and sanitize area after customer leaves.

See attached drawing for lay out.



DIRECTOR of HEALTH
Russell Melmed, MPH

BOARD MEMBERS

Andrew Tierney, Chairman
Stan Soby, Vice Chairman
Peter Hughes, Treasurer
Susan Bransfield
Rosemary Coyle
Robert Smith
David Cox
Kate Morris

These are the minimum baseline of precautions needed to protect public health in Connecticut. Those businesses that are not able to meet these by May 20, shall delay opening until they are able. Chatham Health District is providing this checklist (5/14/20) as a self-assessment to assist in compliance with Governor Lamont's Sector Rules for May 20th Reopening. Dated May 8th, 2020. Please visit the CT Department of Economic and Community Development website for updated information at <https://portal.ct.gov/DECD>.

Establishment: Mania's Pizza Palace Date: 5/20/20
Address: 744 Middletown Rd Time: _____
Phone: 860 267 8722 Town: _____
Class: _____
Certified Food Protection Manager: Athanasoula Koukoulas
Operator: Same Program Administrator: Same
Services Offered: ☐ Outdoor Dining ☒ Take Out ☒ Curbside
☐ Drive Through

REOPEN CONNECTICUT - PHASE 1: RESTAURANTS OUTDOOR ONLY CHECKLIST PG 1

FACILITY	STAFF	CLEAN/DISINFECT/SANITIZE (C/D/S)
<input type="checkbox"/> Hand sanitizer at entrance & common areas	<input checked="" type="checkbox"/> Program Administrator appointed & responsible for implementing Rules	<input checked="" type="checkbox"/> Thorough cleaning of entire facility prior to reopening
<input checked="" type="checkbox"/> Non-essential items removed (playgrounds, pool tables, etc.)	<input checked="" type="checkbox"/> Employee Work Log onsite & maintained for contact tracing	<input checked="" type="checkbox"/> Checklists for C/D/S (When, How* & Who)
<input checked="" type="checkbox"/> Single use menus, menu boards and/or menu on patrons phones	<input checked="" type="checkbox"/> Staff training on reopening Rules, policies, C/D/S during work hours	<input checked="" type="checkbox"/> Use products that meet EPA's criteria against SARS-CoV-2*, designed for surface, & contact time
<input checked="" type="checkbox"/> Single use condiments	<input checked="" type="checkbox"/> Weekly refreshers on policies	
<u>Signage posted clearly for:</u>	<input checked="" type="checkbox"/> Confirms daily health checks with staff of no COVID-19 CDC-defined symptoms & to self-monitor their own symptoms, including cough, shortness of breath, or any two of the following symptoms:	<input checked="" type="checkbox"/> Clean & disinfect common areas, high transit areas, & frequently touched surfaces on an ongoing basis including:
<input checked="" type="checkbox"/> Social distancing protocols	• Fever	• Entrances and Exits
<input checked="" type="checkbox"/> Cleaning, & disinfection protocols	• Chills	• Payment devices
<input checked="" type="checkbox"/> Personal protection (face masks, gloves)	• Repeated shaking with chills	• Phones and Computers
<input checked="" type="checkbox"/> Employees shall stay home if sick/experiencing symptoms	• Muscle pain	• Light switches & door handles
<input checked="" type="checkbox"/> Customers shall not enter if they are experiencing symptoms	• Headache	• Chairs
<input checked="" type="checkbox"/> Families First Coronavirus Response Act Department of Labor*	• Sore throat	<input type="checkbox"/> Sanitize seating areas, tables & common items after each seating
<input checked="" type="checkbox"/> Hotline for Violations (211)	• New loss of taste or smell	
<input checked="" type="checkbox"/> Kitchen workstations 6' apart & not facing, work zones for servers, whenever possible	<input checked="" type="checkbox"/> Ill & COVID + employees shall notify employers, stay home, follow state testing & tracing protocols	<input checked="" type="checkbox"/> C/S/D &/or disposal wipes near commonly used areas (tables and chair, bathrooms), when possible
<input checked="" type="checkbox"/> Touchless appliances whenever possible (payment, soap, paper towels & covered trash)	<input checked="" type="checkbox"/> Facemasks for all staff (provided by employer & adequate supply to open) over face & mouth	<input checked="" type="checkbox"/> Sanitize kitchen & kitchen equipment on an ongoing basis
<input checked="" type="checkbox"/> Increased ventilation & outside air for indoor areas only	<input checked="" type="checkbox"/> 20 seconds hand wash routinely with soap & warm water	<input checked="" type="checkbox"/> Bathrooms cleaned & logged frequently
<input checked="" type="checkbox"/> 6' between tables & 6' between closest chairs of neighboring tables	<input checked="" type="checkbox"/> Gloves & eye protection required for use of cleaning chemicals	<input checked="" type="checkbox"/> Minimize sharing of kitchen equip.
<input checked="" type="checkbox"/> Visual 6' separation markers (entrance & lines for seating, payment, & restrooms)	<input checked="" type="checkbox"/> Gloves for table servers & changed frequently, kitchen staff follow FDA Guidelines on glove usage*	PATRONS
<input checked="" type="checkbox"/> No bars, indoor seats, self-service	<input checked="" type="checkbox"/> Stagger shifts/breaks/lunches	<input checked="" type="checkbox"/> Bring & wear facemasks over nose & mouth at all times, unless eating or have a medical condition
<input checked="" type="checkbox"/> Self-certification through CT DECD website & REOPEN CT badge*	<input checked="" type="checkbox"/> Employer responsible for enforcing 50% capacity	<input checked="" type="checkbox"/> No entry with COVID symptoms
<input checked="" type="checkbox"/> One way foot traffic	<input type="checkbox"/> Rolled or packaged silverware	<input checked="" type="checkbox"/> Patrons older than 65 &/or with other health conditions should not visit the facility

Confirmation: Business Reopen Self-Certification BRC-00007897

Thank you for self-certifying your business.

Click [here](#) to download the signage and self-certification badge. You are under no obligation to use these materials - it is voluntary. Please make a note of your certification number **BRC-00007897** for future reference.

We encourage you to provide us with feedback on the rules and guidelines associated with the state's reopening process. Click [here](#) to provide your feedback.

Sincerely,
Connecticut Department of Economic and Community Development

This is an automated message. Do not reply to this email.
