



City of Harrisonburg

Department of Planning and Community Development

Memo

To: Wayne Lilly, Brad Reed, Tom Hoover, Larry Shifflett, and Chris Brown
From: Adam Fletcher, City Planner
RE: **Social BBQ (Smoker Location) on City Owned Parking Lot (Tax Map 34-Y-4)**
Date: Wednesday, March 18, 2015

We have received an application from Raphael Rogers, who is working to open Social BBQ—a new restaurant located at 14 East Water Street—to utilize space on the City-owned parking lot (identified as tax map parcel 34-Y-4) for an outdoor smoker that will be used in conjunction with his restaurant. Although this request is not for outdoor dining, we are handling the request in the same fashion; therefore, the City's Departments of Planning and Community Development, Public Works, Fire, and Police shall approve or recommend modifications of the plans. As I indicated yesterday via email, we have been requested to review this application immediately; therefore, **please review the attached application ASAP and email me any comments or concerns you may have.** When I receive all of the comments, I will forward this information to the City Attorney so he can place this item on next Tuesday's City Council agenda (March 24th).

Thank you for your time and assistance.



Downtown Outdoor Dining Facility License Request Social BBQ (Smoker Location)

The following must be submitted with this application:

Non-refundable application fee of \$100.00

A detailed site plan drawn to scale with all dimensions clearly shown. All sidewalk obstruction shall be noted and detailed dimensions shall be clearly shown.

A copy of your Certificate of Insurance naming the City of Harrisonburg as an additional insured.

A photograph of your proposed outdoor dining area.

A photograph or vendor specification of proposed furniture.

This application along with the above items shall be returned to the Department of Community Development, 409 South Main Street, Harrisonburg, VA 22801.

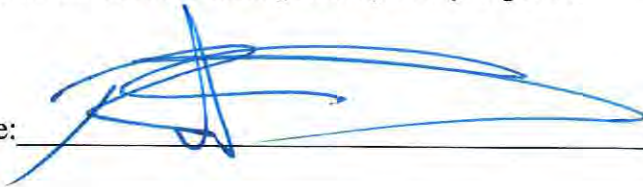
NOTE: SUBMITTAL OF AN APPLICATION IS NOT AN APPROVAL TO SET UP AN OUTDOOR DINING FACILITY.

Applicant has read and covenants to comply with the Regulations and Requirements Relating to Outdoor Dining Facility Licenses Issued for City Right of Way in the B-1 Business District in the City of Harrisonburg, VA, a copy of which is attached hereto and made a part of this application and further desire to obtain an Outdoor Dining Facility License.

I will defend, indemnify and save harmless the City of Harrisonburg and its officers and employees from any and all loss, liability, damages, or judgments resulting from any claims made against any of them for injury to person(s) or property by reason of, or in connection with, the operation of any outdoor dining facility on a public sidewalk or pedestrian right of way or for injury to person(s) or property by reason of or occurring on the premises occupied by the outdoor dining facility.

I further agree to repair any damage caused to the sidewalk, pedestrian right of way or any public utility in the operation of the outdoor dining facility at my expense.

Business Owner/Agent Signature: _____



Date: 3/17/15

Staff Review:

Community Development _____

Public Works _____

Fire Department _____

Police Department _____

CITY OF HARRISONBURG, VIRGINIA

OUTDOOR DINING FACILITY LICENSE APPLICATION

BUSINESS NAME: Social BBQ / Peas and Carrots, LLC

BUSINESS ADDRESS: 14 E Water St.

Harrisonburg, VA 22801

BUSINESS PHONE NUMBER: (540) 208 - 7926

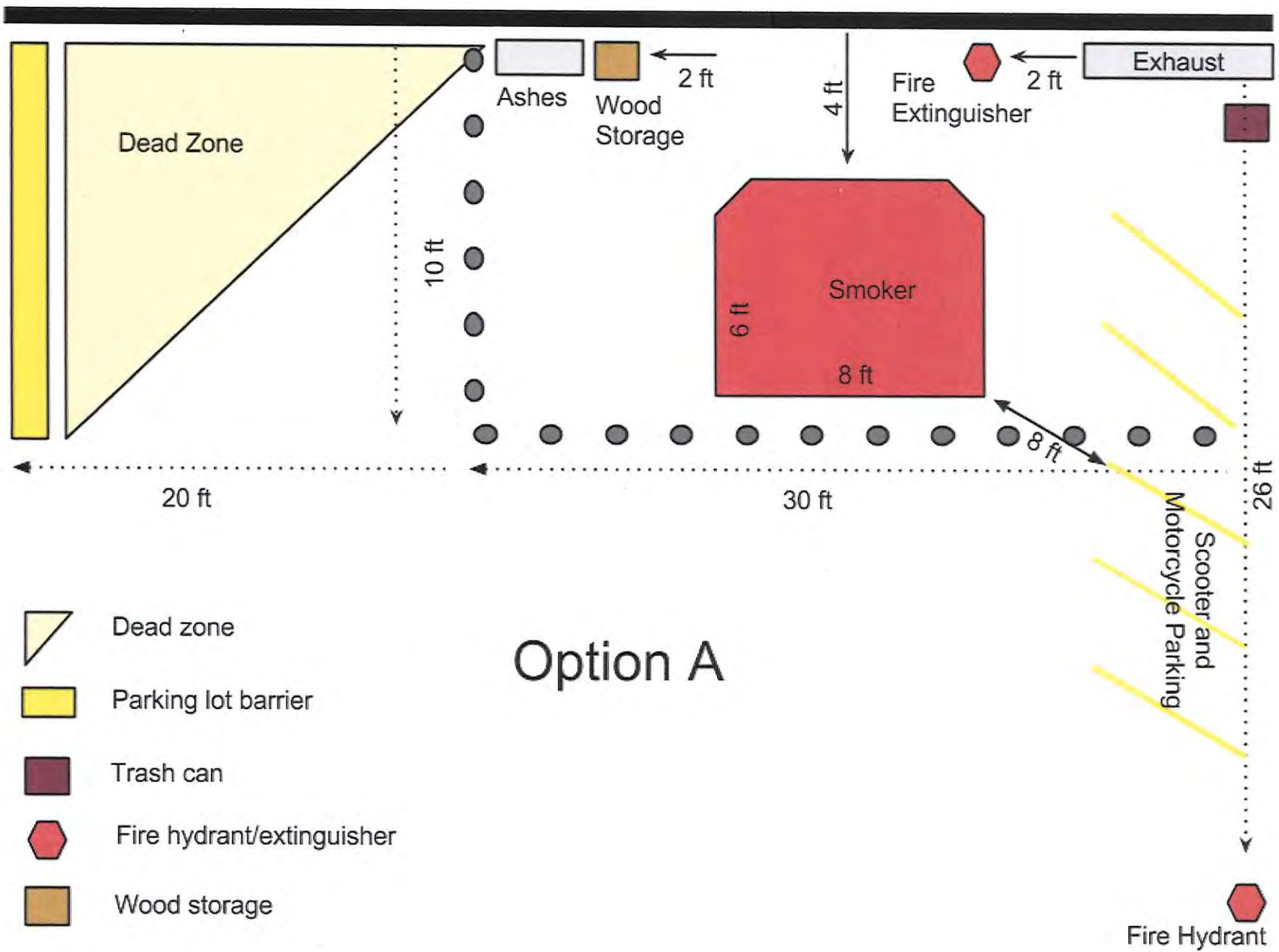
BUSINESS OWNER: Raphael Rogers

AGENT: _____

BUSINESS LICENSE NO.: 2759

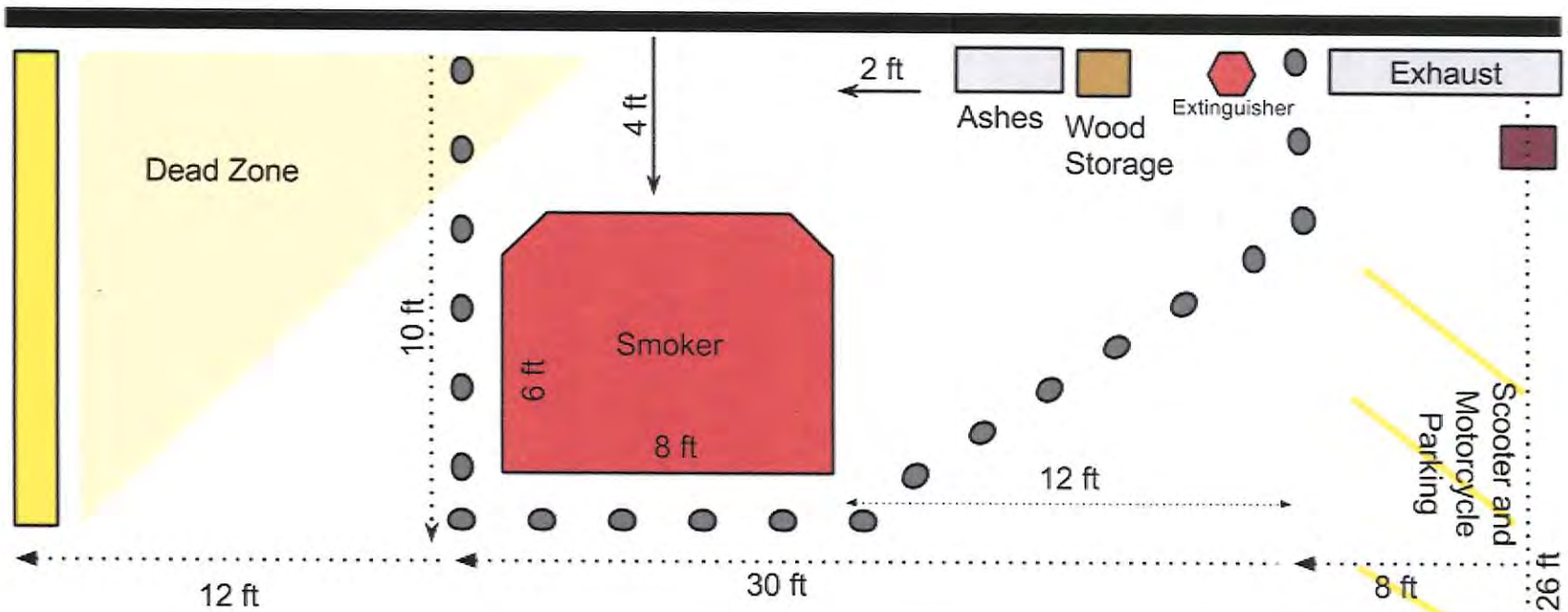
Description of Proposed Outdoor Furniture. Include quantity, colors, materials, and types:

| | Amount | Description |
|------------|------------------|--|
| Chairs: | _____ | _____ |
| Tables | _____ | _____ |
| Umbrellas: | _____ | _____ |
| Heaters: | _____ | _____ |
| Barrier: | <u>10' x 50'</u> | <u>The area will be barricaded with cement posts. Within the space will sit a 6' x 8' smoker. Also, a 4'W x 2'D x 6'H metal storage unit will be placed next to the smoker to house the wood. Utilizing a 10' x 50' area for smoking prevents fire hazards while not intruding within the parking lot.</u> |



Option A

-  Dead zone
-  Parking lot barrier
-  Trash can
-  Fire hydrant/extinguisher
-  Wood storage



Option B

-  Dead zone
-  Parking lot barrier
-  Trash can
-  Fire hydrant/extinguisher
-  Wood storage

Fire Hydrant

Request for Outdoor Dining Facility

Social BBQ is requesting the use of a 10' by 50' area on the side of our building. 30 feet of the 50 foot space will be actively used to smoke meat for the restaurant. The other 20 feet will currently be dead space around the active area. We've provided two options on how to execute this request. Option A was our initial thought for the space but Option B, we now feel, is a better use of the area for both parties. By choosing Option B, no Scooter/Motorcycle parking spaces will be compromised, the smoker will sit in a more central location between both sides of the building, and it will provide a more defined area that's strictly for restaurant use.



18ft (ten) This is the approx. area where the smoker will sit. 4ft of negative space, 6ft of active space for the smoker.



8ft. The length of the smoker.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/17/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|--|---|--------------------------------------|
| PRODUCER Hammond Insurance Services PO BOX 2037 Harrisonburg VA 22801 | CONTACT NAME: Frankie Brown | |
| | PHONE (A/C, No, Ext): (540) 442-8486 | FAX (A/C, No): (540) 442-7817 |
| E-MAIL ADDRESS: Frankie@hammond-insurance.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A Maine Mutual Group Ins. Co. | | 15997 |
| INSURED PEAS & CARROTT'S LLC DBA SOCIAL BBQ 14 E WATER STREET HARRISONBURG VA 22801 | | |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:CL1531701811** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|--|--------------|
| A | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Businessowners | X | | BP12209521 | 2/1/2015 | 2/1/2016 | EACH OCCURRENCE | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | KU12209521 | 2/1/2015 | 2/1/2016 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Harrisonburg is named Additional Insured in regard to General Liability.

CERTIFICATE HOLDER

City of Harrisonburg
 101 N Main St
 Harrisonburg, VA 22802

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Frankie Brown/FB

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