

EXHIBIT A - TEMPORARY PERMIT APPLICATION/CERTIFICATION FOR OUTDOOR FITNESS STUDIO OPERATION – REGULATIONS § 32-28

WESTPORT PLANNING AND ZONING

INSTRUCTIONS: Complete all applicable sections and attach all documentation as requested below. The Town reserves the right to request additional documentation before the application is deemed complete. Once the application/certification is complete, the Applicant Fitness Business must email completed application to the Fire Marshal's office at fmo@westportct.gov or it may be dropped off in the mailbox at 515 Post Road East. Once received, the Fire Marshal will complete an inspection of the premises, and if approved, a signature will be placed at the bottom of this form. A copy of the approval will be filed by the Fire Marshal's office with the Planning & Zoning Department. If there are environmental or stormwater issues arising from the proposed Outdoor Studio Operation, this application/certification is subject to additional conditions being added and/or revocation by the Director of the Planning & Zoning Department. **The Outdoor Studio Operation is subject to all standards in §32-28 and will expire on March 31, 2021.**

APPLICANT:

Applicant Fitness Business Name: _____

Applicant Fitness Business Address: _____

Point of Contact Name: _____ Title: _____

Point of Contact Daytime Tel. #: _____ Email: _____

LOCATION:

Property Address (where Activity is proposed): _____

Property Owner: _____

Property Owner Daytime Tel. #: _____ Email: _____

DATE(S)/HOURS: Proposed Outdoor Studio Operation date(s), including proposed hours of operation:

STRUCTURE(S)/TENT(S): YES NO

SITE PLAN: At a minimum, submit a drawing/illustration roughly to scale or dimensioned and depicting with reasonable accuracy the outdoor area that is proposed to be used and what structures and number of pieces of fitness equipment, if any, are proposed to be placed, built or erected in the outdoor area.

NARRATIVE: Describe the Outdoor Studio Operation including what type of fitness instruction will be offered, and any noise, waste management, odor, light pollution, stormwater and/or environmental impacts and how these issues will be managed. Attach additional sheet if necessary.

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SELF-CERTIFICATION (To be completed by the Fitness Business Applicant):

<https://portal.ct.gov/DECD/Content/Coronavirus-Business-Recovery/Sector-Rules-and-Certification-for-Reopen>

Check the following boxes to self-certify that the Fitness Business conducting the proposed Outdoor Studio Operation complies with the following requirements pursuant to Zoning Regulation §32-28:

- Business Reopen Self-Certification # _____. Please complete the online self-certification here: https://service.ct.gov/recovery/s/?language=en_US . Once completed you will be emailed your Business Reopen Self-Certification number which is required above.
- Only one Outdoor Studio Operation is authorized under this temporary permit.
- The Outdoor Studio Operation is/will be located in the onsite private parking lot or other onsite, private outdoor location, as approved in writing by the property owner before the commencement of operations.
- Clear and obvious visual barriers have been/will be erected to demarcate the Outdoor Studio Operation area within any parking area.
- The hours of operation are limited as follows 5am – 8pm daily.
- Headphones shall be used at all time for those Fitness Businesses providing Cardio Dance, Cycling, or Zumba classes in an Outdoor Studio.
- The Outdoor Studio Operation does/will comply with all legal and safety requirements applicable to tents over a certain size or utilizing electricity as set forth in the State of CT Building and Fire Codes.

All information submitted above is true and accurate to the best of my knowledge. I understand that the application is considered complete when all information and documents required by the Town have been submitted in proper form. I understand that any approval of this permit is subject to ongoing compliance with any and all state or local executive orders in effect and any rules and guidelines issued by state or local agencies pursuant to such executive orders, including but not limited to those attached to this application form, in addition to all applicable federal, state and local laws, rules and regulations, including but not limited to the Americans with Disabilities Act. I certify that the Applicant Fitness Business is currently in compliance with any and all such executive orders, rules, guidelines, laws and regulations.

Applicant Business Signature: _____
Print Name: _____
Date: _____

Property Owner Signature: _____
Print Name: _____
Date: _____

TOWN OF WESTPORT USE ONLY

Received by Fire Dept.: _____ Date: _____

Fire Marshal Approval: _____ Date: _____

Received by P&Z Dept: _____ Date: _____