



New York City Department of Transportation  
 Public Space Unit, Transportation Planning & Management  
 55 Water Street, 6<sup>th</sup> Floor  
 New York, NY 10041

## Application to Install a Street Seat

Before you complete this application, please note that the following conditions would render your site ineligible:

- The space is in a moving lane of traffic at any time of day
- There is a fire hydrant under 15 ft from the proposed site
- The site is in an active bus stop
- The site is in an active driveway

Date \_\_\_\_\_

### Applicant Information

Applicant Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Proposed Street Seat Location

Street Address: \_\_\_\_\_ Boro: \_\_\_\_\_ Zip: \_\_\_\_\_

Cross Street 1: \_\_\_\_\_ Cross Street 2: \_\_\_\_\_ Community Board#: \_\_\_\_\_

Length of establishment frontage: \_\_\_\_\_

Is this seating area intended to span more than one establishment?  Yes\*  No

\*If the answer to this question is "yes," an application must be received from each sponsoring business/organization.

Parking regulations at proposed seating area: \_\_\_\_\_

Are there metered parking spaces at the site?  Yes  No

### I/O Business/Organization Information

Legal Name of Business/Organization: \_\_\_\_\_

"Doing-Business-As" (DBA) Name: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ Type of Business/Org.: \_\_\_\_\_

Owner/Mgr/Principal Name: \_\_\_\_\_ or  I am the owner/mgr/principal of this business/org.

Owner/Mgr/Principal Phone: \_\_\_\_\_ Owner/Mgr/Principal Email: \_\_\_\_\_

**Property Owner Information**

Name of Property Owner or Representative: \_\_\_\_\_

Name of Property Owner Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Property Owner's Affirmation*

I, the undersigned, do affirm that I am the owner or a duly authorized representative of the corporation owning the above referenced property. I have been made aware of the Applicant's intent to install a Street Seat in the curb lane in front of the business listed on this application and have no objections.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Street Seat Options**

Are you interested in installing a Street Seat with a platform, or without? (You do not have to finalize your decision at this time.)

Custom Design Platform

DOT Standard Design Platform

Non-platform

Not sure at this time

Are you interested in Sponsorship?

Yes

No

**Food Establishments**

Is this a restaurant or food service establishment?

Yes

No

If yes, please fill out the following:

Food service establishment permit number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Is this establishment eligible for a sidewalk café from the Department of Consumer Affairs?

Yes

No

If not, for what reason?

Sidewalk too narrow

Obstruction

Restricted on this street

**Submission Information**

This application must be filled out and sent via email to [streetseats@dot.nyc.gov](mailto:streetseats@dot.nyc.gov), by fax to (212) 839-7188, or by mail to: NYC DOT, Public Space Unit, Transportation Planning & Management, 55 Water Street, 6th Floor, New York, NY 10041.

