



Town of Fairhaven
Massachusetts
40 Center Street
Fairhaven, MA 02719

Tel: (508) 979-4023
Fax: (508) 979-4079
selectmen@Fairhaven-MA.gov

June 4, 2020

Dear Restaurant Operator/Owner,

Under Phase 2 of the Governor's Order reopening plan restaurants will be allowed to provide for outdoor dining. Should you decide to provide outdoor dining or expand your outdoor dining space you may need to be issued certain permits depending on what you plan to do.

If you have a current license to sell alcoholic beverages and wish to sell alcoholic beverages outside your premises or expand your already permitted outdoor premises, please complete the attached application for an Alteration of Premises and submit it the Fairhaven Board of Selectmen's office attention: Loreen Pina, Licensing Clerk. We have also included guidance from the Alcoholic Beverage Control Commission that will be helpful in completing the application.

Please be aware that all expanded premises approved pursuant to this Order are only effective through November 1, 2020, or until the Order is rescinded, whichever is sooner, and revert to their original licensed premises on that date.

Should you wish to erect a tent structure over all, or part of, your proposed outdoor dining area, a building permit will be necessary from the Building Commissioner. An application for a building permit is attached and specific guidance from the Building Commissioner regarding tents being used in conjunction with outdoor dining. Completed applications should be submitted to Building Commissioner Kristian White.

A permit for outdoor dining is not required from the Fairhaven Board of Health, however, adherence to state regulations regarding outdoor dining is required. Attached is correspondence from the Board of Health providing information on how to access state regulatory information.

Please let us know if we can be of assistance to you during this re-opening process.

Sincerely,

Mark Rees, Town Administrator

Cc: Board of Selectmen
Mary Kellogg, Health Director
Kristian White, Building Commissioner
Loreen Pina, Licensing Clerk



On-Premises Alcohol/Common Victualler Outdoor Table Service Expansion Application



This Expansion Application is in response to the June 1, 2020 Order Governor Charlie Baker issued regarding reopening establishments for outdoor table service only. **Indoor service will remain prohibited until further order by the Governor.** Please be aware that all expanded premises approved pursuant to this Order are only effective through November 1, 2020 or until the Order is rescinded, whichever is sooner and *revert to your original licensed premises*.

Business Name: _____

ABCC LICENSE # (if applicable): _____

Applicant Address: _____

Business Phone: _____

Manager (if applicable, name on ABCC license): _____

Manager Cellular #: _____ Email: _____

Do you rent the property: ☐ Yes ☐ No If yes, Application must have a lease or documents that show for the right to occupy the proposed Expansion area. If not, Business must submit a letter with owner approval.

Days & Hours of Operation: _____

Detailed description of Expansion: _____

*Drawing of the Expansion (by hand or computer) **must be attached to application.***

Number of tables: _____ Number of chairs: _____

Expansion Dimensions: _____

Will Tent(s)/Canopy be installed: ☐ Yes ☐ No If Yes, provide dimensions: _____

Tents are required to obtain a permit from the local building official and are subject to the requirements of 780 CMR, Massachusetts State Building Code.

What is the seating capacity of Expansion: _____

What is the maximum occupancy of Expansion: _____

Will food be consumed in the Expansion area: ☐ Yes ☐ No

Expansion area must be enclosed by a fence, rope, or other means to prevent access from public walkway. Please describe: _____



On-Premises Alcohol/Common Victualler Outdoor Table Service Expansion Application



Expansion area must be **EITHER**: *(check one only)*

- ☐ contiguous to the licensee's premise with either a clear view of the area from inside the premises **OR**
☐ the licensee will commit to providing management personnel dedicated to the area.

Will the Expansion cause potential noise concerns/complaints from neighbors: ☐ Yes ☐ No

If yes, please explain:

Are building modifications or new construction needed for Expansion: ☐ Yes ☐ No

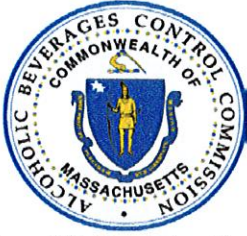
If yes, please explain:

Applicant Signature: _____

Date: _____

You may also sign and then scan to a PDF file.

Submit this completed and signed form to the Board of Selectmen's Office, or email to Selectmen@Fairhaven-MA.gov



*Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
95 Fourth Street, Suite 3
Chelsea, Massachusetts 02150*

Jean M. Lorizio, Esq.
Chairman

**ALCOHOLIC BEVERAGES CONTROL COMMISSION ADVISORY REGARDING
LOCAL LICENSING AUTHORITIES' APPROVAL OF OUTDOOR SEATING**

On June 1, 2020, Governor Charlie Baker issued an Order Clarifying the Progression of the Commonwealth's Phased Workplace Re-Opening Plan and Authorizing Certain Re-Opening Preparations at Phase II Workplaces, which, in part, details the process for reopening establishments for on-premises consumption. The text of the Governor's Order can be found [HERE](#).

When the Governor declares that the Commonwealth has entered Phase II of its reopening plan all licensees for on-premises consumption of alcohol may commence outdoor table service only. Indoor service will remain prohibited until further order from the Governor.

The Governor's Order also grants the local licensing authorities ("LLA") the authority to expand alcohol licensees' licensed premises for outdoor seating in an expedited process.

Pursuant to the Governor's Order, on application from a licensee that serves alcohol for on-premises consumption¹, the LLA may alter the description of the licensee's licensed premises to expand for outdoor seating that the LLA deems "reasonable and proper." The LLA does not need to comply with M.G.L. c. 138, § 15A, and therefore does not need to provide advance notice to abutters or hold a public hearing on the application. LLAs must continue to follow the ABCC's guidelines issued in 2015 for the approval of outdoor seating, which can be found [HERE](#).

ABCC approval is not required on these applications. Upon approval from the LLA the LLA may issue the amended license forthwith. The LLA must provide notice by mail to the ABCC on all application approvals. For further guidance on the process of approving and issuing these amended licenses LLAs should consult with their counsel.

Please be aware that all expanded premises approved pursuant to this Order are only effective through November 1, 2020, or until the Order is rescinded, whichever is sooner, and revert to their original licensed premises on that date.

The ABCC continues to retain supervision and oversight of all alcohol licensees, including those that expand their licensed premises pursuant to this Order. As always, all licensees must ensure that they comply with the laws of the Commonwealth of Massachusetts, and that sales of

¹ This includes restaurants, bars, hotels, general-on-premises, clubs, war veterans' clubs, continuing care retirement communities, pub-brewers (M.G.L. c. 138, §§ 12 and 19D), farmer-series pouring permits, and manufacturers' pouring permits (M.G.L. c. 138, §§ 19(b), 19B(n), 19C(n), and 19E(o)).

alcoholic beverages take place only as authorized by federal, state, and local law. All questions should be directed to Executive Director Ralph Sacramone at (617) 727-3040 x 731.

(Issued June 1, 2020)



***Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114***

Deborah B. Goldberg
Treasurer and Receiver General

Kim S. Gainsboro, Esq.
Chairman

**ALCOHOLIC BEVERAGES CONTROL COMMISSION ADVISORY REGARDING
GUIDELINES FOR EXTENSION OF PREMISES TO PATIO AND OUTDOOR AREAS**

On July 28, 2015, at a public meeting, the Alcoholic Beverages Control Commission approved amendments to its "Guidelines for Extension of Premises to Patio and Outdoor Areas." These amended guidelines supersede the previously issued Guidelines from August 22, 1989. A copy of the amended Guidelines are attached to this Advisory.

As a reminder, all licensees must ensure that they are in compliance with the Laws of the Commonwealth of Massachusetts and that sale of alcoholic beverages take place only as authorized by applicable law. Questions concerning this Advisory can be directed to Ralph Sacramone, Executive Director of the Massachusetts Alcoholic Beverages Control Commission at (617) 727-3040 x 731.

(Issued August 6, 2015)



*Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114*

Deborah B. Goldberg
Treasurer and Receiver General

Kim S. Gainsboro, Esq.
Chairman

**GUIDELINES FOR EXTENSION OF PREMISES TO
PATIO AND OUTDOOR AREAS**

1. Alcoholic beverages cannot be served outside of a licensed establishment unless and until an application to extend the licensed premises has been approved.
2. An application to extend the premises must describe the area in detail, including dimensions, seating capacity, and maximum occupancy.
3. The premises must be enclosed by a fence, rope, or other means to prevent access from a public walkway.
4. The outdoor area must be contiguous to the licensed premises with either (a) a clear view of the area from inside the premises, or, alternatively (b) the licensee may commit to providing management personnel dedicated to the area.
5. The applicant must have a lease or documents for the right to occupy the proposed area.
6. The licensing authorities should consider the type of neighborhood and the potential for noise in the environs.
7. Preferred are outdoor areas where alcohol is served to patrons who are seated at the tables and where food is also available.



Town of Fairhaven Commonwealth of Massachusetts

Kristian White
Building Commissioner

Building Department
Town Hall
40 Centre Street
Fairhaven, MA 02719
Phone 508 979 4019
kwhite@fairhaven-ma.gov

Commissioner Bulletin

June 2, 2020

Re: Restaurant Outdoor Dining/ Temporary Tent Requirements

- **Amend current alcohol license through the Fairhaven Board of Selectmen's office in accordance to chapters 83 and 204 of the Town of Fairhaven Bylaws.
- Approval required from the Board of Health
- Approval required from the Fire Department for tents over 400 sq. ft.
- Accessibility must be maintained in accordance to 521 CMR AAB
- Temporary structures and uses shall conform to the structural strength, fire safety, means of egress, accessibility, light, ventilation and sanitary requirements of 780 CMR as necessary to ensure public health, safety, and general welfare.
- Temporary tent structures in accordance to 780 CMR Massachusetts State Building Code
- Tent structures must comply with required zoning setbacks in the appropriate district
- Tents over 120 sq. ft. require a building permit and are valid for 180 days
- Electrical permit required in accordance to NEC 2020
- Parking and accessibility must not be adversely affected including shared tenant parking
- Sidewalks must maintain 3' foot clearance for accessibility purposes
- Plot plan required with proposed location of temporary tent on premises
- Floor plan layout showing proposed number of tables and chairs with total occupancy load
- Description of barriers to be used around dining area
- Tents shall require a final inspection by AHJ prior to occupancy
- Outdoor dining shall be terminated on November 1, 2020 or when the emergency declaration is rescinded, whichever is sooner.

****Restaurants which serve alcohol on the premises**



Town Hall
40 Center St
Fairhaven, Ma. 02719
Phone: (508) 979-4019
Fax: (508) 979-4079
kwhite@fairhaven-ma.gov

Town of Fairhaven
Commonwealth of Massachusetts
Building Department

TENTS, MEMBRANE, AND OTHER TEMPORARY STRUCTURES

Any tent, membrane or other temporary structure 120 square feet or greater, erected for less than 180 days and occupied by 10 or more persons must obtain a permit from the Building Department. If such structure is in excess of 400 sq. ft. you must also obtain a separate permit from the Fire Department under Section 3103.2 of the International Fire Code.

The building official will be looking for the following information with the completed application:

- a) a site plan showing the location of all proposed temporary and permanent structures on the lot including and not limited to any connection from one structure to another. All temporary power and sanitary facilities should also be identified on the site plan.
- b) must identify the size of the structure, maximum occupancy load and required egress
- c) must submit all contractor information and a copy of the Fire Rating Certificates
- d) any structure with an occupant load of 50 or more must submit with a) b) and c) above:
 - 1. an interior layout showing all aisles, tables, chairs, benches, podiums, cooking facilities
 - 2. all means of egress and exit signage (exit signage must be illuminated)
 - 3. must show a 3 foot aisle clearance around entire interior perimeter of structure

The following is a list of applicable Code sections:

The Massachusetts State Building Code 780 CMR and all amendments thereto;
2015 IBC Sections 108, Table 1017.2 Exit Access Travel Distance, Chapter 16 Structural Design, Section 1806.2, Sections 3101 through 3103, Appendix G Flood Resistant Construction
2015 IFC Sections 3101 thru 3104

If you have any questions about these requirements please call the Building Department at 508-979-4019.

SECTION 108 TEMPORARY STRUCTURES AND USES

108.1 General. The building official is authorized to issue a permit for temporary structures and temporary uses. Such permits shall be limited as to time of service, but shall not be permitted for more than 180 days. The building official is authorized to grant extensions for demonstrated cause.

108.2 Conformance. Temporary structures and uses shall conform to the structural strength, fire safety, means of egress, accessibility, light, ventilation and sanitary requirements of 780 CMR as necessary to ensure public health, safety, and general welfare.

108.3 Fire Department Review. Temporary structures and uses shall be approved by the building official in consultation with the head of the local fire department.

108.4 Termination of Approval. The building official is authorized to terminate for cause and with written notice such permit for a temporary structure or use and to order the temporary structure or use to be discontinued.

108.5 State of Emergency. Upon declaration by the governor of a state of emergency under St. 1950. c. 639, or of an emergency detrimental to the public health under M.G.L. c. 17, § 2A, a building or space within a building may be used as a temporary emergency use for purposes of housing and/or caring for persons in accordance with procedures established for such purpose as contained in 780 CMR. See also 780 CMR 31.00: *Special Construction*.

APPLICATION FOR BUILDING PERMIT



TWO (2) SETS OF PLANS MUST ACCOMPANY THIS APPLICATION

TOWN OF FAIRHAVEN

Permit No. _____

Date Issued: _____

Location _____
 Of _____
 Job _____

Zoning: _____
 Plot (s) _____
 Lot (s) _____

Applicant:	Name	Address	Phone	License #
Owner				
Contractor				
Architect				
Engineer				

Type of Improvement:

<input type="checkbox"/> New Bldg.	<input type="checkbox"/> Alterations	<input type="checkbox"/> Foundation
<input type="checkbox"/> Addition	<input type="checkbox"/> Garage	<input type="checkbox"/> Accessory
<input type="checkbox"/> Moving	<input type="checkbox"/> Pool	<input type="checkbox"/> Deck
<input type="checkbox"/> Sign	<input type="checkbox"/> Other - TENT	

Proposed Use:

<input type="checkbox"/> Residential	<input type="checkbox"/> Non-Residential
No. of Dwelling Units _____	
Use Group _____	

Work Description: _____

Construction Characteristics: <input type="checkbox"/> Masonry (Bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Post and Beam <input type="checkbox"/> Other _____ <input type="checkbox"/> Foundation _____ <input type="checkbox"/> Masonry _____ Poured	Type of Sewage Disposal: <input type="checkbox"/> Private <input type="checkbox"/> Town Type of Water Supply: <input type="checkbox"/> Private <input type="checkbox"/> Town Heating & Fuel <input type="checkbox"/> Gas <input type="checkbox"/> H.V.A.C. <input type="checkbox"/> Oil <input type="checkbox"/> Cen. Htg. <input type="checkbox"/> Elec. <input type="checkbox"/> Other	Dimensions: Building Width _____ Length _____ Height _____ Lot Frontage _____ Area _____ Parking Spaces Provided _____ Lot Coverage _____
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	Yes	No	Building Department Use Only	Yes	No
Controlled Const.	<input type="checkbox"/>	<input type="checkbox"/>	_____	Flood Zone	<input type="checkbox"/> <input type="checkbox"/> Zone _____
Conservation Comm.	<input type="checkbox"/>	<input type="checkbox"/>	_____	Planning Board	<input type="checkbox"/> <input type="checkbox"/> _____
Health Department	<input type="checkbox"/>	<input type="checkbox"/>	_____	Fire Dept. Permit#	<input type="checkbox"/> <input type="checkbox"/> _____
Variance	<input type="checkbox"/>	<input type="checkbox"/>	_____	Special Permit	<input type="checkbox"/> <input type="checkbox"/> _____

I, the undersigned Owner, hereby apply for a Building Permit and agree to comply with the Massachusetts State Building Code and all other applicable codes and laws pertaining to the above approved project.

Owner's Signature _____ Date: _____

I, the undersigned Licensed Construction Supervisor, agree to perform and be responsible for all work approved under this application in conformance with Appendix Q of the Massachusetts State Building Code.

Contractor's Signature _____ Date: _____
 Estimated Cost: _____ Fee: _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am an employer with _____ employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
6. ☐ We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____



Town of Fairhaven
Office of the Building
Department
40 Center Street
Fairhaven, Ma. 02719
Phone 508 - 979 - 4019
building@fairhaven - ma.gov

Affidavit for Disposal of Construction Debris

As a result of the provisions of Massachusetts General Laws Chapter 40 Section 54. I acknowledge that as a condition of Building Permit # _____ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law Chapter 111 Section 150A.

I certify that I will notify the Building Official by _____
(Two months maximum) of the location of the solid waste disposal facility where the debris resulting from said construction activity shall be disposed of, I shall submit appropriate form for attachment to the Building Permit.

Date

Signature of Applicant

In accordance with the provisions of Massachusetts General Laws Chapter 40 Section 54 a condition of Building Permit # _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law Chapter 111 Section 150A

The debris will be disposed of in :

Location of Facility



Town of Fairhaven

Tax Collector

40 Center Street
Fairhaven, Ma. 02719

Tax Collector Certification of Tax Status

(Authorized by Special Town Meeting May 06, 1995 and MGL. Chapter 40 S57)

**MUST BE FILLED OUT COMPLETELY BY APPLICANT
OR WILL NOT BE PROCESSED BY THE TAX COLLECTOR'S OFFICE**

Requesting Department _____

Name of Applicant _____

REAL ESTATE TAX

Assessed Owner _____

Real Estate Property Address _____

Assessors Map _____ Lot _____

PERSONAL PROPERTY TAX

Name of Business (if applicable) _____

Assessed Owner _____

Business Address _____

The above property address and applicant have been compared to our tax records and, as of this date the
applicant does not have any outstanding tax liability to the Town

Tax Collector or Representative _____ Date _____



Town of Fairhaven

Board of Health

Town Hall • 40 Center Street • Fairhaven, MA 02719
Telephone: (508) 979-4023 ext. 125 • Fax: (508) 979-4079
BOH@Fairhaven-MA.gov

June 4, 2020

To All Food Establishments:

RE: Reopening Food Establishment Guidance

In order to reopen and operate an outdoor food establishment due to COVID-19, every establishment will need to adhere to the following:

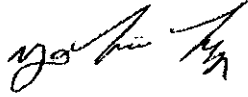
- Meet Massachusetts Food Code Standards (105 CMR 590.000-590.999)
- Provide protection for plated food that goes from the kitchen to the table.
- Meet reopening standards as provided by the State

Here are the links to guide all establishments through the reopening process, as issued by the State of Massachusetts: Please check often for current information.

- Safety Standards and Checklist for Restaurants
<https://www.mass.gov/doc/restaurants-checklist-english/download>
- Guidance for Industries on the Reopening Plan
<https://www.mass.gov/doc/guidance-for-industries-on-the-reopening-plan/download>
- Mandatory Safety Standards for Workplaces
<https://www.mass.gov/doc/mandatory-safety-standards-poster-english/download>
- COVID-19 Control Plan **does not need to be turned in to our department, but is important to complete in case of inspection or outbreak*
<https://www.mass.gov/doc/covid-19-reopening-control-plan-template/download>

As always, when updates and information become available to our department, all guidance will be posted to our website. Please continue to check our website at Fairhaven-MA.gov/board-health during COVID-19.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Freire-Kellogg". The signature is fluid and cursive, with a large initial "M" and "F" that are connected.

Mary Freire-Kellogg,
Health Agent