



DEPARTMENT OF COMMUNITY DEVELOPMENT
 442 West Washington Street
 Suffolk, Virginia 23434
cddapplication@suffolkva.us
ZONING COMMERCIAL BUILDING CLEARANCE APPLICATION

\$105 Fee

Application may be required for the Health Department, please call 757-514-4751 to verify.

Important Telephone Numbers:

Asst. Zoning Administrator (757) 514-4161
 Building Official (757) 514-4156
 Commissioner of the Revenue (757) 514-4260

Fire Marshal (757) 514-4550
 Public Utilities (757) 604-3645
 VDACS (757) 509-1060

Health Dept. (757) 514-4751
 Alcohol, Tobacco, Firearms (757) 616-7400
 DMV (804) 497-7100

EXISTING BUILDING NEW CONSTRUCTION (Check one)

ALL APPLICANTS MUST COMPLETE 1 THROUGH 15 BELOW (PRINT ALL RESPONSES)

If this is a rental property, it is your responsibility to assure that you have the authority to use this property for your business and that the City assumes no liability for its use.

1. Property Owner _____
2. Applicant _____
3. Trade Name: _____
4. Are you on _____ City Water _____ City Sewer _____ Well _____ Septic system (check those that apply)
5. Mailing Address: _____
 Street No./Name /P.O. Box Suite/Apt. No. City State Zip Code
6. **Property Location:** _____
 Street Number/Unit Street Name
7. Previous Business Name and use (if any): _____
8. Local Business Phone: (_____) _____ Corporate/Main Office Phone: (_____) _____
9. Local Contact Person: _____ Cell Phone: (_____) _____
10. Email address: _____
11. Is this a Group Home? Yes [] No [] If yes State issued addendum must be attached.
12. Will this business involve the care of people who are incapable of self-preservation? Yes [] No []
13. Detailed description of **ALL** proposed business activities: **(PLEASE BE SPECIFIC)**

14. Will the facility be altered in any way? Yes [] No [] **If yes, describe in detail proposed changes (PLEASE BE SPECIFIC)**

15. How many employees do you intend to hire? _____

DECLARATION: I declare that the statements herein are true, complete and correct to the best of my knowledge and belief. The completion of this application and payment of tax for a city business license shall be for the location in which you intend to operate. I ACKNOWLEDGE THAT PURSUANT TO THE CODE OF VIRGINIA AND THE SUFFOLK CITY CODE THAT ALL REAL ESTATE TAXES THAT ARE PAST DUE FOR THE LOCATION STATED IN NO. 6 ABOVE MUST BE PAID IN FULL PRIOR TO ANY APPROVALS OR INSPECTIONS REQUIRED FOR THIS APPLICATION.

Applicant's Signature: _____ **Date:** _____

REQUIRED APPROVALS

CONDITIONAL USE PERMIT REQUIRED? YES NO If **YES**, contact the Planning Department at 757-514-4060.

ZONING (757) 514-4150 YES NO USE CLASSIFICATION: _____

ZONING AUTHORIZED SIGNATURE: _____ DATE: _____