



**CITY OF SUFFOLK DEPARTMENT OF COMMUNITY DEVELOPMENT
BUSINESS LICENSE ZONING AUTHORIZATION**

Commissioner of the Revenue (757) 514-4260 Zoning Administrator (757) 514-4150 Building Official (757) 514-4156 Fire Department/Marshall (757) 514-7538 Planning Department (757) 514-4060

PLEASE READ DECLARATION AT THE BOTTOM OF THIS APPLICATION FORM BEFORE SIGNING APPLICATION

EXISTING BUILDING NEW CONSTRUCTION (Check one)

ALL APPLICANTS MUST COMPLETE 1 THROUGH 12 BELOW (PRINT ALL RESPONSES)

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. Treasurer's Acct. No. & Assessors Map No. _____ / _____
Treasurer's Acct. No. Assessor's Map No.
8. Local Business Phone: () _____ - _____ Corporate/Main Office Phone: () _____ - _____
9. Local Contact Person: _____ Title: _____ Ext. _____
10. Corp. Contact Person: _____ Title: _____ Ext. _____
11. Detailed description of **ALL** proposed business activities: **(PLEASE BE SPECIFIC)**

12. Is facility to be altered? Yes [] No [] **If yes, describe in detail proposed changes (PLEASE BE SPECIFIC)**

DECLARATION: I declare that the statements hereon are true, full and correct to the best of my knowledge and belief, and, if applicable, I have read and understood the requirements pertaining to "Zoning Clearance for Business License". The completion of this application and payment of tax for a city business license shall NOT be in which you intend to locate. 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. 4 ABOVE MUST BE PAID IN FULL PRIOR TO ANY APPROVALS OR INSPECTIONS REQUIRED BY THIS APPLICATION.

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

OFFICE USE ONLY

PROJECT NUMBER _____

| | | | | |
|----------------------|--------------|------------------------------|-----------------------------|---------------------------------|
| INSPECTIONS REQUIRED | BUILDING | YES <input type="checkbox"/> | NO <input type="checkbox"/> | AUTHORIZED SIGNATURE/DATE _____ |
| | FIRE MARSHAL | YES <input type="checkbox"/> | NO <input type="checkbox"/> | AUTHORIZED SIGNATURE/DATE _____ |
| | HEALTH DEPT. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | AUTHORIZED SIGNATURE/DATE _____ |

ZONING APPROVAL ZONING CATEGORY _____ ZONING ORDINANCE SECTION NO. _____

PERMITTED USE YES NO USE PERMIT REQUIRED YES NO SITE PLAN REQUIRED YES NO

AUTHORIZED SIGNATURE/DATE _____