



**CITY OF SUFFOLK DEPARTMENT OF COMMUNITY DEVELOPMENT
COMMERCIAL BUILDING CLEARANCE APPLICATION**

\$ 100.00 FEE WITH COPY OF SIGNED LEASE

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 14 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.
9. Local Business Phone: () _____ - _____ Corporate/Main Office Phone: () _____ - _____
10. Local Contact Person: _____ Title: _____ Ext. _____
11. Corp. Contact Person: _____ Title: _____ Ext. _____
12. Detailed description of **ALL** proposed business activities: **(PLEASE BE SPECIFIC)**

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

14. 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:** _____

OFFICE USE ONLY

PROJECT NUMBER _____

INSPECTIONS REQUIRED BUILDING YES NO AUTHORIZED SIGNATURE/DATE _____

FIRE MARSHAL YES NO AUTHORIZED SIGNATURE/DATE _____

HEALTH DEPT. YES NO AUTHORIZED SIGNATURE/DATE _____

ZONING APPROVAL ZONING CATEGORY _____ UDO CLASSIFICATION : _____

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

COMMENT: _____

AUTHORIZED SIGNATURE/DATE _____