



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

**\$100 Fee**

**Commissioner of the Revenue**  
(757) 514-4260

**Zoning Administrator**  
(757) 514-4154

**Building Official**  
(757) 514-4156

**Fire Department/Marshall**  
(757) 514-4550

**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)**

**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. 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. Email address: \_\_\_\_\_

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 _____	CONDITIONAL USE PERMIT REQUIRED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 _____
	PUB. UTILITIES	YES <input type="checkbox"/>	NO <input type="checkbox"/> AUTHORIZED SIGNATURE/DATE _____
ZONING APPROVAL	ZONING CATEGORY _____	UDO CLASSIFICATION : _____	
PERMITTED USE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	USE PERMIT REQUIRED YES <input type="checkbox"/>
			NO <input type="checkbox"/> SITE PLAN REQUIRED YES <input type="checkbox"/>
			NO <input type="checkbox"/>
COMMENT: _____			
AUTHORIZED SIGNATURE/DATE _____			