

**APPLICATION FOR ZONING COMPLIANCE  
APPROVAL FOR BUSINESS LICENSE**

Department of Community Development  
P. O. Box 103, Goochland, VA 23063



<b>Date of Application</b>	<b>Zoning Classification</b>	<b>Tax Map#</b>	<b>GPIN #</b>
<b>Acreage</b>	<b>Magisterial District: (circle one)</b>  <b>Byrd - Lickinghole - Dover</b>		
<b>Subdivision:</b>			
<b>Specific Address of Business:</b>	<b>Home Occupation: (definition)</b> An occupation carried on by the occupant of a dwelling as a secondary use in connection with which there is no display, and no one is employed other than members of the family residing on the premises.		
<b>Name of Present Property Owner:</b>			
<b>Mailing Address:</b>			
<b>Name of Applicant (Owner, Lessee, Optionee)</b>			
<b>Mailing Address:</b>	* <b>Home Occupation</b> / Commercial / Industrial		
<b>Phone No.</b>	* <b>If home occupation, complete back of form.</b>		
<b>Rezoning with Proffers: Yes / No</b>			

**Conditional Use Permit: Yes / No Case No. \_\_\_\_\_ If yes will review conditions of CUP Applicant initial after reviewing and receiving a copy of the conditions.**

**Description of Business**

Before issuing a business license the County must determine that the proposed operation complies with the zoning regulations. In the space below, describe the operational characteristics of the proposed business. Be as COMPELTE AND SPECIFIC as possible.

I declare that the statements made and information given on this application are true, full and correct to the best of my knowledge and belief and I agree to conform full to all terms of any permit which may be issued on account of this application. I give my permission to the County Zoning Administrator to enter onto this property for appropriate inspection.

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Zoning Approval for Commercial/Industrial Property \_\_\_\_\_ Date \_\_\_\_\_

**For Home Occupations, Please Complete the Following**

Does the licensee **live at** the street address where the business will trade?  Yes  No

Will anyone work at the business that does not live in the home?  Yes  No

Does the licensee **own** the dwelling? *If not, the owner or his agent must sign:*

I, the owner, authorize use of the property for the business described above. \_\_\_\_\_

How will services be offered?  By appointment only  Phone/Internet  Delivery/Mail to customer

Area (square feet) of main floor of dwelling: \_\_\_\_\_

Area (square feet) used for business purpose: \_\_\_\_\_

Will the business require external or internal additions or alterations to the dwelling?  Yes  No

Will the business use a detached accessory structure (garage, shed, etc.) for any purpose?  Yes  No

Will the business use machinery or equipment not customary for household purposes?  Yes  No

Will inventory be kept at the dwelling?  Yes  No

Will products be sold at the dwelling?  Yes  No

Will there be any group instruction, assembly or activity?  Yes  No How many people \_\_\_\_\_

Will there be any indication from the exterior that the building is used for a business?  Yes  No

Will commercial vehicles be stored at the home?  Yes  No How many \_\_\_\_\_ Empty weight \_\_\_\_\_

Will any commercial trailer or any tow truck or wrecker be parked at the dwelling?  Yes  No

**The responses I have provided on both sides of this form are true, correct and complete. I understand that incomplete information may result in processing delays, and further understand that false or misleading information may be grounds for legal actions.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**OFFICE USE ONLY**

Zoning: \_\_\_\_\_ Conditions/ Proffers checked: \_\_\_\_\_  Approved  Rejected

By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_