

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

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



| | | | |
|----------------------------|------------------------------|-----------------|---------------|
| Date of Application | Zoning Classification | Tax Map# | GPIN # |
|----------------------------|------------------------------|-----------------|---------------|

| | |
|---------------------|--|
| Acreage | Magisterial District: (circle one) Byrd - Lickinghole - Dover |
| Subdivision: | |

| | |
|--|---|
| Specific Address of Business: | Home Occupation: (definition) 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. |
| Name of Present Property Owner: | |
| Mailing Address: | |
| Name of Applicant (Owner, Lessee, Optionee) | |

| | |
|-------------------------|---|
| Mailing Address: | *Home Occupation / Commercial / Industrial *If home occupation, complete back of form. |
| Phone No. | |

| | |
|------------------------|---|
| E-Mail Address: | Rezoning with Proffers: Yes / No |
|------------------------|---|

**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 COMPLETE 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 _____ |
| | Date _____ |

Zoning Approval for Commercial/Industrial Property

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: _____