



Commercial Business Zoning Approval Form

Department of Development

Fee: \$25 Cash/Check/Credit Card (\$2 surcharge for Credit Cards)

PERMIT #: _____

Site Information (Office use only)

MUNIS Application Number: _____ Ward: _____

Location Address: _____ PIN#: _____

Applicant & Ownership Information

Name of Applicant: _____ Date: _____

Address: _____

Phone: () _____ Cellular Phone: () _____

Email Address: _____

Are you the property owner? Yes No

Business Information

Name of Business: _____

Effective January 1, 2020: Assumed Name filings will be handled at the state level through the Commonwealth of Virginia's State Corporation Commission (SCC). Zoning Approval Form business name must match business name recorded with SCC

Type of Business: _____

Is this a New Business License? Yes No

Describe the types of business activity that will occur on the property:

Square footage of floor area that will be used for business purposes: _____ sq. ft.

Hours and Days of Operation: _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Number of Employees: _____

Business License Application – Zoning Approval Form (continued)

Number of Vehicles Associated with Business: _____ Vehicle(s) _____ Trailer(s)

Type of Vehicle(s) used in business operation:

| Year | Make/Model | # of Axles |
|------|------------|------------|
| | | |
| | | |
| | | |

I, the below signed, certify that I have read and understand that the information provided on this application is true and correct to the best of my knowledge and belief. I also understand that failure to comply with the above rules constitutes a violation of the City of Hopewell Zoning Ordinance subject to a fine, if convicted, of up to \$1,000 and/or up to one (1) year in jail.

Applicant Signature

Date

For Staff Use Only

Zoning: _____

For: B-1 Zoning

Enterprise Zone: Yes No

Certificate of Appropriateness:

Certificate of Occupancy requested: Yes No

Sign:

Taxes Owed: Yes No

Façade Improvement:

Approved Zoning Ordinance Provision: _____

Denied Reason: _____

Reviewed By: _____

Date: _____

Additional Comments:

If Certificate of Occupancy was requested:

Fire Department Approval: _____

Date: _____

CODE Department Approval: _____

Date: _____