



# Commercial Business Zoning Approval Form

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

PERMIT #: \_\_\_\_\_

MUNIS Application Number: \_\_\_\_\_ Parcel#: \_\_\_\_\_ Ward: \_\_\_\_\_

## Site Information

Location Address: \_\_\_\_\_

## Applicant & Ownership Information (INCLUDE COPY OF DRIVER'S LICENSE)

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cellular Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you the property owner?  Yes  No

## Business Information

Name of Business As Registered with SCC: \_\_\_\_\_

*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: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

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

Business License Application – Zoning Approval Form (continued)

Type of Vehicle(s) used in business operation:

Year	Make/Model	# of Axles

**Commercial Business Guidelines (Please Read)**

- Parking in Residential Areas* : No more than one (1) motor vehicle (not exceeding 10,000 pounds or two axles) and one single axle trailer (not exceeding 13 feet in length and 3,200 pounds) used in conjunction with the home occupation may be parked on the premises. A trailer must be parked in the rear yard or so that its view is screened from adjacent properties or public roads, except for loading and unloading. **Tow truck parking is prohibited.**

*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.*

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**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: \_\_\_\_\_

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If Certificate of Occupancy was requested:

Fire Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_

CODE Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_