



**CITY OF SUFFOLK DEPARTMENT OF COMMUNITY DEVELOPMENT  
BUSINESS LICENSE ZONING AUTHORIZATION**

Commissioner of the Revenue (757) 514-4260      Zoning Administrator (757) 514-4150      Building Official (757) 514-4156      Fire Department/Marshall (757) 514-7538      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 12 BELOW (PRINT ALL RESPONSES)**

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.
8. Local Business Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Corporate/Main Office Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_
9. Local Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Ext. \_\_\_\_\_
10. Corp. Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Ext. \_\_\_\_\_
11. Detailed description of **ALL** proposed business activities: **(PLEASE BE SPECIFIC)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is facility to be altered? Yes [ ] No [ ] **If yes, describe in detail proposed changes (PLEASE BE SPECIFIC )**  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION: I declare** that the statements hereon are true, full and correct to the best of my knowledge and belief, and, if applicable, I have read and understood the requirements pertaining to "Zoning Clearance for Business License". The completion of this application and payment of tax for a city business license shall NOT be in which you intend to locate. 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. 4 ABOVE MUST BE PAID IN FULL PRIOR TO ANY APPROVALS OR INSPECTIONS REQUIRED BY THIS APPLICATION.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

PROJECT NUMBER \_\_\_\_\_

INSPECTIONS REQUIRED      BUILDING      YES       NO       AUTHORIZED SIGNATURE/DATE \_\_\_\_\_

   FIRE MARSHAL      YES       NO       AUTHORIZED SIGNATURE/DATE \_\_\_\_\_

   HEALTH DEPT.      YES       NO       AUTHORIZED SIGNATURE/DATE \_\_\_\_\_

ZONING APPROVAL      ZONING CATEGORY \_\_\_\_\_      ZONING ORDINANCE SECTION NO. \_\_\_\_\_

PERMITTED USE      YES       NO       USE PERMIT REQUIRED      YES       NO       SITE PLAN REQUIRED      YES       NO

AUTHORIZED SIGNATURE/DATE \_\_\_\_\_