



DEPARTMENT OF COMMUNITY DEVELOPMENT
 BUREAU OF PERMITS AND INSPECTION
 ROOM 110 CITY HALL
 900 E. BROAD STREET
 RICHMOND, VIRGINIA 23219
 PHONE (804) 646-6340
 FAX (804) 646-6948

CERTIFICATE OF ZONING COMPLIANCE APPLICATION

PERMIT NO. <div style="font-size: 2em; font-weight: bold; text-align: center;">Z</div>
REVIEWER

TRACK 2

THIS IS AN APPLICATION ONLY. IT IS NOT AUTHORIZATION FOR USE OF PREMISE. NO USE SHALL START UNTIL A CERTIFICATE IS ISSUED.

OWNER'S INFORMATION	1 JOB/PROPERTY ADDRESS (STREET & NUMBER)	2 FLOOR/ROOM NO.
	3 PROPERTY OWNER'S NAME (PRINT CLEARLY)	
	4 PROPERTY OWNER'S ADDRESS/ZIP	
	5 PROPERTY OWNER'S OR AUTHORIZED AGENT SIGNATURE	6 PROPERTY OWNER'S DAYTIME TELEPHONE NO.
	7 DESCRIBE CURRENT STRUCTURE USE (IN DETAIL) IF CURRENTLY VACANT, INDICATE LAST USE & YEAR IT WAS LAST USED.	
	8 DESCRIBE PROPOSED STRUCTURE USE (IN DETAIL)	

OFFICE USE ONLY (CHECK ONE)	9 OWNERSHIP CHANGE <input type="checkbox"/>	TENANT CHANGE <input type="checkbox"/>	HOME OCCUPATION <input type="checkbox"/>	NAME CHANGE <input type="checkbox"/>	
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RESIDENTIAL USES	<input type="checkbox"/> ONE FAMILY	COMMERCIAL/INDUSTRIAL USES	<input type="checkbox"/> RESTAURANT, SIT-DOWN	<input type="checkbox"/> DAY NURSERY
	<input type="checkbox"/> TWO FAMILY		<input type="checkbox"/> RESTAURANT, DRIVE-THRU/TAKE-OUT	NO. OF CHILDREN _____
	<input type="checkbox"/> THREE OR MORE FAMILY		<input type="checkbox"/> NIGHT CLUB	NO. OF STAFF _____
	NO. OF UNITS _____		<input type="checkbox"/> RETAIL STORE	<input type="checkbox"/> ADULT DAY CARE
	<input type="checkbox"/> LODGING HOUSE		<input type="checkbox"/> GROCERY/CONVENIENCE STORE	<input type="checkbox"/> SHELTER/SOCIAL SERVICE DELIVERY
	NO. OF ROOMS _____		<input type="checkbox"/> FURNITURE STORE	NO. OF ROOMS _____
	NO. OF PERSONS _____		<input type="checkbox"/> HARDWARE OR APPLIANCE STORE	NO. OF PERSONS _____
	<input type="checkbox"/> NURSING HOME		<input type="checkbox"/> SHOPPING CENTER	<input type="checkbox"/> SCHOOL
	NO. OF BEDS _____		<input type="checkbox"/> CLINIC (MEDICAL/DENTAL)	<input type="checkbox"/> SERVICE STATION
	<input type="checkbox"/> ADULT CARE RESIDENCE		<input type="checkbox"/> BANK	<input type="checkbox"/> MOTOR VEHICLE REPAIR/SALES
NO. OF ROOMS _____	<input type="checkbox"/> BEAUTY/BARBER SHOP	<input type="checkbox"/> MANUFACTURING FACILITY		
NO. OF PERSONS _____	<input type="checkbox"/> LAUNDRY/DRY CLEANER/LAUNDROMAT	NO. OF EMPLOYEES _____		
<input type="checkbox"/> GROUP HOMES	<input type="checkbox"/> REPAIR SHOP	<input type="checkbox"/> WAREHOUSE/STORAGE FACILITY		
NO. OF PERSONS _____	WHAT TYPE _____	NO. OF EMPLOYEES _____		
<input type="checkbox"/> OTHER (SPECIFY): _____	<input type="checkbox"/> OFFICE	NO. OF COMPANY VEHICLES _____		
_____	<input type="checkbox"/> CHURCH	<input type="checkbox"/> OTHER (SPECIFY): _____		
_____	NO. OF SEATS _____	_____		

12 SQUARE FOOTAGE TO BE USED _____ SQUARE FEET	13 ARE FLOOR PLANS ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO IS A SITE PLAN ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	14 NO. OF ON-SITE PARKING SPACES _____ PARKING SPACES	15 ARE PARKING SPACES LEASED OFF-SITE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ATTACH LEASE & SITE PLAN _____ PARKING SPACES
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16 APPLICANT'S NAME (PRINT CLEARLY)	17 BUSINESS AND/OR TRADE NAME
18 APPLICANT'S ADDRESS	ZIP CODE
19 APPLICANT'S DAYTIME PHONE NO.	20 APPLICANT'S FAX NO.
21 APPLICANT'S EMAIL	
22 APPLICANT'S SIGNATURE	
23 CONTACT PERSON (IF DIFFERENT THAN APPLICANT)	24 CONTACT PERSON DAYTIME PHONE NO.
25 CONTACT PERSON ADDRESS	ZIP CODE
26 DO YOU WANT TO BE CALLED TO PICK UP PERMIT WHEN ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME _____ PHONE NO. _____

HISTORICAL DISTRICT <input type="checkbox"/> YES <input type="checkbox"/> NO	VIOLATION ON PROPERTY <input type="checkbox"/> YES <input type="checkbox"/> NO	VIOLATION NO.	CORRESPONDING CO
DELINQUENT TAXES DUE? <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT OWED \$	DATE PAID	
EXISTING USE GROUP	PROPOSED USE GROUP	PERMIT FEE	FEE RECEIVED
CHESAPEAKE BAY PROTECTION AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO		CHESAPEAKE BAY MANAGEMENT AREA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPLICATION APPROVED ON _____ DATE		APPLICATION DISAPPROVED ON _____ DATE	
CONDITIONS		REASON FOR DENIAL	

THIS APPLICATION ONLY CERTIFIES COMPLIANCE WITH ZONING REGULATIONS AS REQUIRED BY SECTION 32-1020 OF THE CITY CODE. THIS APPLICATION IS NOT A CERTIFICATE OF OCCUPANCY.

Home Occupation	\$50.00	Multi-family dwelling (3-10 units)	\$100.00
Two-family detached or attached dwelling	\$50.00	Multi-family dwelling (more than 10 units)	\$200.00
Private elementary and secondary school.....	\$50.00	Commercial or industrial use (equal to or less than 5,000 sq. ft.).....	\$100.00
Church and other place of worship.....	\$50.00	Commercial or industrial use (greater than 5,000 sq. ft.)	\$200.00
Day nursery.....	\$50.00	Adult care residence or lodging house.....	\$200.00
Adult day care facility	\$50.00	Uses not specified	\$100.00

RECORD OF ACTUAL FINAL ON-SITE CONDITIONS

FOR OFFICE USE ONLY	AGENCY REVIEW ITEM DESCRIPTION	AGENCY	APPROVAL NUMBER	ACTION TAKEN	REVIEWER & DATE	COMMENTS
	DISTRICT/SUP/CUP/ MASTERPLAN/ NONCONFORMING	ZONING				
	PLAN OF DEVELOPMENT	LAND USE				
	HISTORIC APPROVAL/ URBAN DESIGN	COMPREHENSIVE				
	ROAD ACCESS	DPW				
	CHESAPEAKE BAY	P & E S				
	FIRE MARSHALL	FIRE				
	OTHER					

ZONING USE(S)	

PARKING	

INSTRUCTIONS ON COMPLETING A CERTIFICATE OF ZONING COMPLIANCE (CZC) APPLICATION

At the top right hand corner of the application is a capital "Z". In this space your permit number will be hand-written by intake personnel after you have paid the application fee. (NOTE: *You can check the status of your application on our automated permit system ("SPANLINK"). Just dial 646-0770 and follow the prompts!*)

- Box #1** - Provide the address (number & street name) for the location of the use or business.
- Box #2** - Provide the space within the building where the use or business is going to be located. (NOTE: *To be used on applications where more than a single tenant/space/apt. exists.*)
- Box #3** - Provide the name of the owner of the property. (NOTE: *This may require the submittal of a recorded deed from the Circuit Court record room for newly purchased property.*)
- Box #4** - Provide the property owner's address, including zip code.
- Box #5** - Provide the property owner's, or owner's authorized agent's signature certifying the applicant's request is authorized.
- Box #6** - Provide the property owner's daytime telephone number.
- Box #7** - Indicate the current/existing use(s) of the property (i.e. - office, 2-family, restaurant, single-family, etc.)
- Box #8** - Indicate the proposed use(s) of the property (i.e. - office, 2-family, restaurant, single-family, etc.)
- Box #9 - OFFICE USE ONLY**

- Box #10-11** - Check the appropriate box that most closely indicates the use, including any additional information (i.e. - no. of units, no. of seats, type, etc.) requested.
- Box #12** - Provide the size of the space (in square feet) being used/occupied by the applicant.
- Box #13** - Check the appropriate box indicating if floor or site plans are provided, as applicable.
- Box #14** - Provide the number of parking spaces existing **ON** the site. (NOTE: *Do not include spaces provided off of the site, either on-the-street spaces or leased spaces.*)
- Box #15** - Check the appropriate box, as applicable, regarding leased parking spaces and include a lease and site plan for the leased spaces.
- Box #16** - Provide the applicant's name requesting the permit.
- Box #17** - Provide the business or trade name, if applicable. (NOTE: *This may require the filing of a trade name approval with the Circuit Court.*)
- Box #18** - Provide the address of the applicant(s) where the permit is to be mailed.

- Box #19** - Provide the applicant's daytime phone number in order that they may be contacted, if necessary.
 - Box #20** - Provide the applicant's facsimile (FAX) number (if exists) in order that they may be contacted, if necessary.
 - Box #21** - Provide the applicant's E-mail address (if exists) in order that they may be contacted, if necessary.
 - Box #22** - Provide the applicant's, or applicant's authorized agent's signature.
 - Box #23** - Provide the contact person's name, if different than the applicant.
 - Box #24** - Provide the contact person's daytime phone number, if different than the applicant.
 - Box #25** - Provide the contact person's complete address and zip code, if different than the applicant.
 - Box #26** - Check the appropriate box whether or not you would like to be called to pick up the permit upon completion. If you check, "yes", provide the name and daytime phone number for the person wanting to pick-up the permit.
- Fees for the CZC application are provided at the top of the page. If your proposed use is not listed, or if you are unsure as to the fee, please contact the Zoning Administration Office.**