ADULT USE SPECIAL EXCEPTION APPLICATION
EATING AND DRINKING ESTABLISHMENT

DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT

Land Use Services
810 Union Street
Room 508
Norfolk, VA 23510
(757) 664-4752 / FAX (757) 441-1569
www.norfolk.gov/planning

Application Procedures

ADULT USE SPECIAL EXCEPTION APPLICATION
EATING AND DRINKING ESTABLISHMENT

1. **A pre-application meeting is required.** To arrange for an appointment, please call (757) 664-4752.
2. Contact the Virginia Department of Alcoholic Beverage Control, 1103 S. Military Highway, PO Box 1486, Chesapeake, VA 23327-1486, (757) 424-6700.
3. Contact appropriate Civic League to inform them of the request**.** Providing written documentation to Planning staff of any meetings, discussions with Civic Leagues can be helpful to the Planning Commission.
4. Submit completed application with all required attachments including:
    - Check for required application fee made payable to Treasurer, City of Norfolk (see fee schedule).
    - Exhibit A, Description of Operations (attached)
    - Floor plan prepared by registered design professional
        - Must be approved by Bureau of Building Safety prior to processing application
    - Survey
    - Conceptual site plan (may be necessary if any site improvements are proposed or required)
6. Planning staff will review application to determine completeness.
7. Staff will conduct a site visit to post notice and photograph property. Applicant does not need to be present.
8. Legal advertisement will be posted in *Virginian-Pilot*.
9. The Planning Commission may visit the site (generally on the 2nd Wednesday of the month). It is not necessary for the applicant to be present.
10. Prior to the public hearing the applicant will receive a copy of conditions pertaining to the request that staff is recommending. Please review the conditions. If you understand and do not oppose the conditions please return a signed copy of the conditions to the appropriate Planning staff person. If you have any questions or concerns, please contact staff.
11. Failure to attend the public hearing may result in a denial by the Planning

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Application Procedures cont.

Commission if there are questions about the request.

12. Public Hearing

►**Where:** City Hall Building
11th Floor, Council Chambers

►**Time:** 1:45 p.m.: If the applicant has not provided a signed copy of the applicable conditions to Planning staff.

2:15 p.m.: If the applicant has provided a signed copy of the applicable conditions to Planning staff.

13. During the Commission's hearing:
    - All those wishing to speak must register
    - Planning staff will present application and recommendation if there are unresolved issues
    - Applicant/representative may make a presentation
    - Proponents may speak
    - Opponents may speak
    - The Planning Commission may ask questions at any time
    - The Planning Commission will make a recommendation on the application at their hearing which will be forwarded to City Council

14. The applicant may contact staff 2 weeks after the hearing to obtain a tentative Council date.
15. In accordance with *Zoning Ordinance*, construction shall begin or the use of land for which the Special Exception has been obtained shall commence within 12 months from the adoption of the ordinance; otherwise the ordinance shall be void.
16. The special exception shall expire upon a change in ownership or possession of the facility.

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LAND USE SERVICES
5TH FLOOR,
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APPLICATION
ADULT USE SPECIAL EXCEPTION
EATING AND DRINKING ESTABLISHMENT
(Please print)

Date _____

DESCRIPTION OF PROPERTY

Address _____

Existing Use of Property _____

Proposed Use _____

Current Building Square Footage _____

Proposed Building Square Footage _____

Trade Name of Business (if applicable) _____

APPLICANT/ PROPERTY OWNER

1. Name of applicant: (Last) _____ (First) _____ (MI) _____

Mailing address of applicant (Street/P.O. Box) _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone number of applicant ( ) _____ Fax number ( ) _____

E-mail address of applicant _____

2. Name of property owner (Last)_____ (First) _____ (MI) _____

Mailing address of property owner (Street/P.O. Box) _____

(City) _____ (State) _____ (Zip Code) _____

Daytime telephone number of owner ( ) _____Fax number ( ) _____

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CONTACT INFORMATION

Civic League contact _____

Date(s) contacted _____

Ward/Super Ward information _____

REQUIRED ATTACHMENTS

- Required application fee, **$355.00** (if check, make payable to Norfolk City Treasurer).
    - Application fee includes a non-refundable $5 technology surcharge.
- Two 8½ inch x 14 inch (maximum size) copies of a floor plan prepared by a registered design professional drawn to scale showing seats/tables, restroom facilities, bar, ingress and egress, standing room, outdoor dining and total maximum capacity (see attached example)
- Two 8½ inch x 14 inch (maximum size) copies of a survey or conceptual site plan (required for new construction or site improvements) drawn to scale showing:
    - Existing and proposed building structures
    - Driveways
    - Parking
    - Landscaping
    - Property lines (see attached example)
- Completed Exhibit A, Description of Operations (attached)

CERTIFICATION
I hereby submit this complete application and certify the information contained herein is true and accurate to the best of my knowledge:

Print name:_____**Sign:**_____**/**_____**/**_____
(Property Owner or Authorized Agent Signature) (Date)

Print name:_____**Sign:**_____**/**_____**/**_____
(Applicant or Authorized Agent Signature) (Date)

EXHIBIT "A"
Description of Operations
Eating and Drinking Establishment

Date _____

Trade name of business _____

Address of business _____

Name(s) of business owner(s)* _____

Name(s) of property owner(s)* _____

Daytime telephone number ( ) _____

*If business or property owner is partnership, all partners must be listed.
*If business or property owner is an LLC or Corporation, all principals must be listed.

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1. Proposed Hours of Operation:

Facility			Alcoholic Beverage Sales		
Weekday	From _____	To _____	Weekday	From _____	To _____
Friday	From _____	To _____	Friday	From _____	To _____
Saturday	From _____	To _____	Saturday	From _____	To _____
Sunday	From _____	To _____	Sunday	From _____	To _____

2. Type of ABC license applied for (check all applicable boxes)
☐ On-Premises ☐ Off-Premises (additional application required)

3. Type of alcoholic beverage applied for
☐ Beer ☐ Wine ☐ Mixed Beverage

4. Will indoor or outdoor entertainment be provided?
(Entertainment consists of anything more than one, unamplified musician)
☐ Yes (Different application required) ☐ No

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Exhibit A – Page 2
Eating and Drinking Establishment

5. Will video games, pool tables, game boards or other types of games be provided?
☐ Yes (If more than 4, additional application required) ☐ No

5a. If yes, please describe type and number of each game to be provided

_____

_____

6. Will patrons ever be charged to enter the establishment?
☐ Yes ☐ No

6a. If yes, why

_____

_____

6b. Which days of the week will there be a cover charge (circle all applicable days)?

Monday Tuesday Wednesday Thursday Friday

Saturday Sunday

7. Will the facility or a portion of the facility be available for private parties?
☐ Yes ☐ No

7a. If yes, explain

_____

_____

8. Will a third party (promoter) be permitted to lease, let or use the establishment?
☐ Yes ☐ No

8a. If yes, explain

_____

_____

9. Will there ever be a minimum age limit?
☐ Yes ☐ No

10. Additional comments/ description/operational characteristics or prior experience:

_____

_____

Note: If smoking is permitted, then floor plans must be submitted showing all necessary building requirements for such facility

_____

Signature of Applicant

Exhibit A – Floor Plan(s) Worksheet
Eating and Drinking Establishment

- Complete this worksheet based for each floor plan submitted with application.

- Floor plan must be prepared by a registered design professional and include:
    - Tables/seats
    - Restroom facilities
    - Bar
    - Ingress and egress
    - Standing room
    - Outdoor seating
    - Total maximum capacity (including employees)

Total capacity

a. Indoor
Number of seats (not including bar seats) _____
Number of bar seats _____
Standing room _____

b. Outdoor
Number of seats _____

c. Number of employees _____

Total Occupancy
(Indoor/Outdoor seats, standing room and employees) =_____

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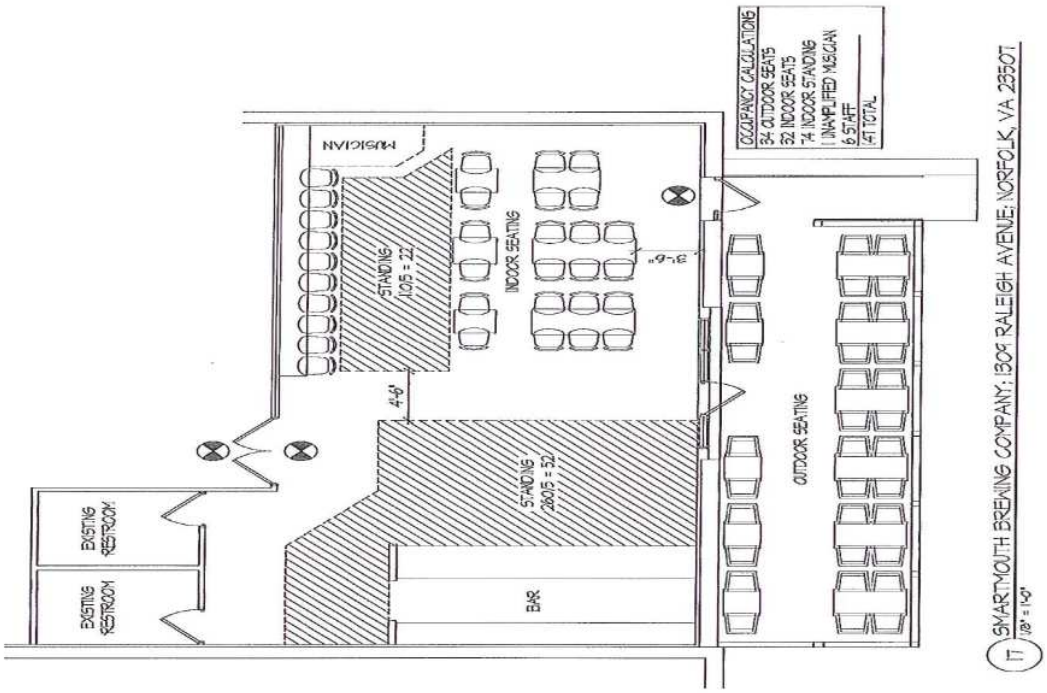
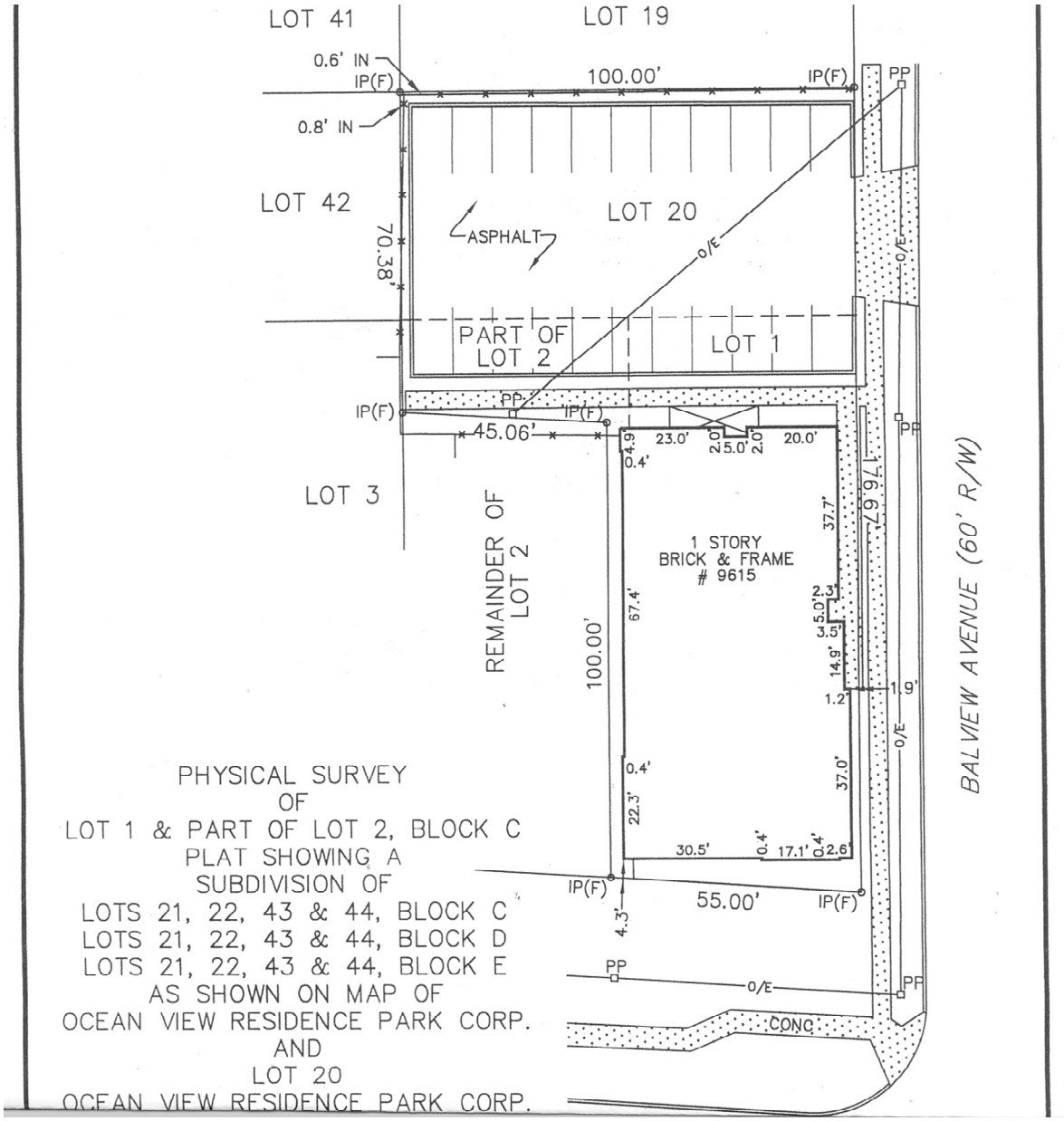
EXAMPLE

Floor Plan



EXAMPLE

Survey



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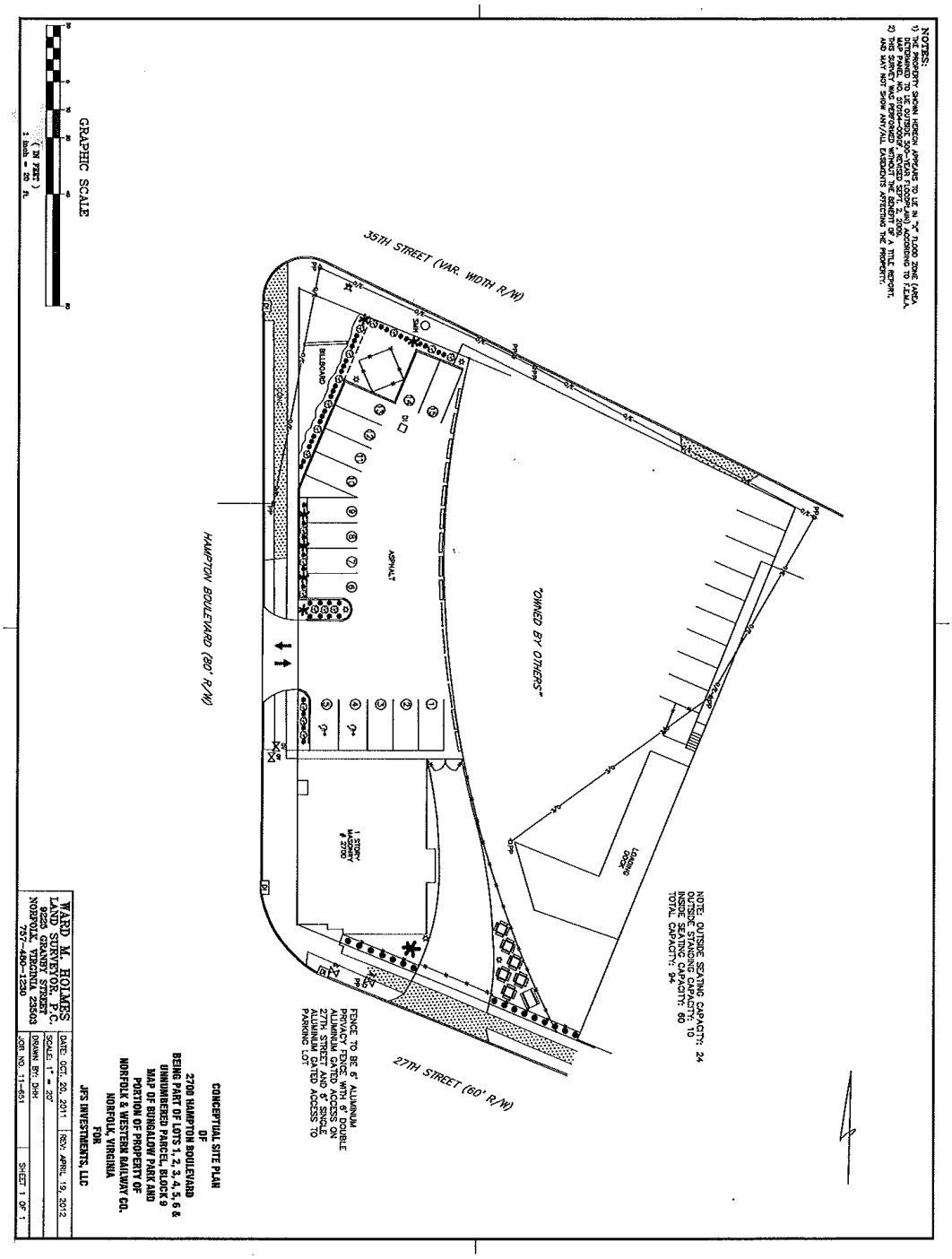
EXAMPLE

Conceptual Site Plan

(required for new construction or site improvements)



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