



**CITY OF NORFOLK  
PLANNING COMMISSION**

**DEPARTMENT OF PLANNING & COMMUNITY  
DEVELOPMENT**

5TH FLOOR, ROOM 508  
810 UNION STREET  
NORFOLK, VA 23510  
(757) 664-4752  
(757) 664-1569 (FAX)  
[WWW.NORFOLK.GOV/PLANNING](http://WWW.NORFOLK.GOV/PLANNING)

**ADULT USE SPECIAL EXCEPTION APPLICATION  
ABC-ON PREMISES**



## Application Procedures

1. A pre-application meeting is strongly recommended. To arrange for an appointment, please call 664-4752.
2. Contact the Virginia Department of Alcoholic Beverage Control located at 1103 S. Military Highway, PO Box 1486, Chesapeake, VA 23327-1486; Telephone No.: 757-424-6700.
3. Applicant to contact appropriate Civic League **prior to public hearing**. Applicant must provide staff written documentation of the outcome of that meeting/discussion prior to the public hearing.
4. Applicant must submit floor plans, drawn by a certified architect, to the Division of Building Construction Services. The floor plans must be approved by Building Construction Services prior to submittal of application. Please call 664-6515 to schedule an appointment.
5. Submit completed application with all required attachments including Exhibit A, Survey/Site plan, Floor plan (\*see attached Site Plan and Floor Plan examples), and check for \$265 made payable to Treasurer, City of Norfolk.
6. Staff will review application to determine completeness.
7. Staff will post legal notice of application request and photograph subject property.
8. The Planning Commission will visit the site on the 2nd Wednesday of the month (it is not necessary for the applicant to be present).
9. Applicant **must** attend public hearing:
  - ▶ Where: City Hall Building  
11th Floor, Council Chambers
  - ▶ Time: 2:30 p.m.
10. During the Commission's hearing:
  - ▶ Applicant must register to speak
  - ▶ Staff will present application and recommendation
  - ▶ Applicant/representative may make a presentation
  - ▶ Proponents may speak
  - ▶ Opponents may speak
  - ▶ Rebuttal
11. The Planning Commission will make a recommendation on the application at their hearing which will be forwarded to City Council.
12. The applicant may contact staff 2 weeks after the hearing to obtain a tentative Council date (the City Manager's Office establishes the contents of Council's agenda).

**ADULT USE SPECIAL EXCEPTION APPLICATION  
ABC-ON PREMISES**

### **DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT ZONING SERVICES**

5TH FLOOR, ROOM 508

(757) 664-4752 / FAX (757) 664-1569

WWW.NORFOLK.GOV/PLANNING

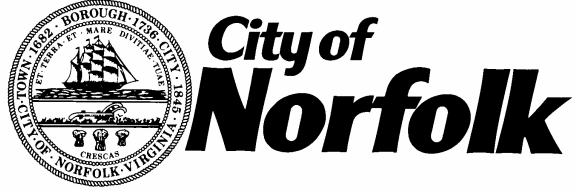


## Application Procedures

13. In accordance with the City of Norfolk 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 effective date of said ordinance; otherwise said ordinance shall be void.
14. The special exception shall automatically expire upon a change in ownership, possession, operation or management of the facility.

# ADULT USE SPECIAL EXCEPTION APPLICATION ABC-ON PREMISES

**DEPARTMENT OF PLANNING & COMMUNITY DEVELOPMENT**  
**ZONING SERVICES**  
5TH FLOOR, ROOM 508  
(757) 664-4752 / FAX (757) 664-1569  
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## City Planning Commission Public Hearing Schedule and Filing Deadlines

<u>FILING DEADLINE</u>	<u>HEARING DATE</u>
December 11, 2006	January 25, 2007
January 8, 2007	February 22, 2007
February 5, 2007	March 22, 2007
March 12, 2007	April 26, 2007
April 09, 2007	May 24, 2007
May 14, 2007	June 28, 2007
June 11, 2007	July 26, 2007
July 9, 2007	August 23, 2007
August 13, 2007	September 27, 2007
September 10, 2007	October 25, 2007
October 1, 2007	November 15, 2007
November 5, 2007	December 20, 2007
December 10, 2007	<b>January 24, 2008</b>



APPLICATION  
ADULT USE SPECIAL EXCEPTION – ABC ON-PREMISES

**Adult Use Special Exception – Entertainment Establishment..... \$265.00**

Date of Application: \_\_\_\_\_

Name of applicant: (Last) \_\_\_\_\_ (MI) \_\_\_\_\_ (First) \_\_\_\_\_

Mailing address of applicant (Street/P.O. Box): \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Daytime telephone number of applicant ( ) \_\_\_\_\_ Fax number ( ) \_\_\_\_\_

**DESCRIPTION OF PROPERTY**

1. Property location: (Street Number) \_\_\_\_\_ (Street Name) \_\_\_\_\_

Lot number(s) \_\_\_\_\_ Block Number \_\_\_\_\_ Zoned \_\_\_\_\_ Subdivision \_\_\_\_\_

Legal Description \_\_\_\_\_

Existing Use of Property \_\_\_\_\_

Proposed Use \_\_\_\_\_

<b><u>Hours of Operation:</u></b>		<b><u>Hours of Operation for ABC and Entertainment:</u></b>	
<b>Weekday</b>	From _____ To _____	From _____	To _____
<b>Friday</b>	From _____ To _____	From _____	To _____
<b>Saturday</b>	From _____ To _____	From _____	To _____
<b>Sunday</b>	From _____ To _____	From _____	To _____

Trade Name of Business (If applicable) \_\_\_\_\_

**ABC On-premises**

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2. Name of property owner:(Last)\_\_\_\_\_ (MI)\_\_\_\_\_ (First)\_\_\_\_\_

Mailing address of property owner (Street/P.O. box): \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Daytime telephone number of owner ( ) \_\_\_\_\_ Fax number ( ) \_\_\_\_\_

**CIVIC LEAGUE INFORMATION**

Civic League contact: \_\_\_\_\_

Date(s) contacted: \_\_\_\_\_

Ward/Super Ward information: \_\_\_\_\_

**REQUIRED ATTACHMENTS:**

- ✓ Check for \$265.00 made payable to: Norfolk City Treasurer.
- ✓ 2 8½x14 copies of a survey or site plan drawn to scale showing all existing and proposed building structures, driveways, parking, landscaping, property lines (see attached example).
- ✓ 2 8½x14 copies of a floor plan drawn to scale showing seats, tables, bar, dance floor area, disc jockey area, and ingress and egress (see attached example).
- ✓ Completed Exhibit A, Description of Operations.
- ✓ Please provide a brief description of the business (i.e., # of employees, current locations, type of restaurant, etc...).

**CERTIFICATION:**

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

**SIGNED:**

\_\_\_\_\_ / /  
 (Property owner or authorized agent signature) (Date)

**SIGNED:**

\_\_\_\_\_ / /  
 (Applicant signature) (Date)



# City of Norfolk

## EXHIBIT "A" Description of Operations On-Premise Sale of Alcoholic Beverage

Date of Application \_\_\_\_\_

Trade name of business: \_\_\_\_\_

Address of business: \_\_\_\_\_

Name(s) of business owner(s) \_\_\_\_\_

Name(s) of property owner(s): \_\_\_\_\_

Name(s) of business manager(s)/operator(s): \_\_\_\_\_

Daytime telephone number: (      ) \_\_\_\_\_

### 1. Seating

#### a. Indoor

Number of seats \_\_\_\_\_ Number of bar seats \_\_\_\_\_

Number of tables \_\_\_\_\_

#### b. Outdoor

Number of seats \_\_\_\_\_ Number of tables \_\_\_\_\_

#### c. Number of employees \_\_\_\_\_

**Total Occupancy (Indoor and Outdoor and employees) \_\_\_\_\_**

### 2. Describe type tables and booth (i.e., rounds of 4, booth seats 6, etc.)

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**ABC On-Premises Special Exception**  
**Page 2**

3. Will indoor or outdoor entertainment be provided?

4. Type of alcoholic beverage applied for:

Beer       Wine       Mixed Beverage

5. Will video games, pool tables, game boards or other types of entertainment be provided? If yes, please describe type and number of each game to be provided:

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6. Will patrons ever be charged to enter the establishment (circle)? Yes No

7a. If yes, why:

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7b. 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 (circle)? Yes No

8a. If yes, explain:

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8b. Will a third party (promoter) be permitted to lease, let or use the establishment?

If yes, explain:

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8. Type of ABC license applied for (check all applicable boxes):

On-Premises     Off-Premises (second application required)

10. Will there be smoking anywhere on the premises (circle one)?    Yes      No

11. Will there ever be a minimum age limit? (circle one)?    Yes      No

12. Additional comments/description/operational characteristics:

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**Signature of Applicant**

Note: A page size drawing showing the floor plan, seating arrangement, bar arrangement, entrances and exits and dance floor location and size must be submitted with this exhibit (see attached Floor Plan example).