



Zoning Certificate Application
Development Services Center
810 Union Street, 4th Floor, Norfolk, Virginia 23510
(757) 664-6565

Zoning Certificate # _____

Location of Work _____ Unit/Lot _____ Application Date _____

Applicant: ☐ **Owner** ☐ **Contractor** ☐ **Agent** ☐ **Design Professional**

<input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	
Name _____	Contractor State License # _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Address _____	Building Co. Name _____
City/State/Zip _____	Authorizer's Name _____
Phone # _____ Fax# _____	Address _____ City/State/Zip _____
E-Mail Address _____	Phone # _____ Fax # _____ Cell Phone # _____
	E-Mail Address _____ Other _____

Type of Property: ☐ **Residential** ☐ **Multi-Family** ☐ **Commercial**

Type of Work: ☐ **Fence** ☐ **Temporary Sign**
☐ **Accessory Structure** ☐ **Other** _____

Project Cost \$ _____ **Square Foot** _____

I agree to work in conformity to the zoning ordinance, regulations of the City of Norfolk, & Statewide Building Code.

Print Name: _____

Signature: _____

Date: _____

Approval from Other Departments

Address (7th Floor City Hall) _____
Driveways (2nd Floor City Hall) _____
Water _____
Sewer _____
Environmental _____

Office Use Only

Zoning _____ Flood Zone _____ CBPA ☐ yes ☐ no

Remarks _____

Approved by _____ Date _____
Permit Fee \$ _____ Admin Fee \$ _____ Tech Fee \$ _____
Cash _____ Check # _____ Credit _____
Remarks _____