Application Procedures  
Conditional Use Permit

1. A pre-application meeting is required. Call 664-4752 for an appointment.
2. Contact the appropriate Civic League. Attendance at a Civic League meeting or a public meeting as organized by the applicant is required as part of a complete submission.
3. Meet with the Departments of Transit, and Recreation Parks and Open space for site recommendations prior to submittal of application.
4. Submit completed application with all required attachments including:
   - Fee: **$1,080** check for required application fee made payable to the City of Norfolk.
   - Physical Survey: 8½ x 11-inch or 11 x 17-inch copy of a physical survey, drawn to scale and showing site conditions including existing structures, driveways, parking, property lines, and landscaping (see attached example).
   - Conceptual Site Plan: 8 ½ x 11-inch or 11 x 17-inch copy of a conceptual site plan drawn to scale and showing:
     - All proposed site improvements
     - Proposed structures
     - Drive aisles and parking with dimensions
     - Proposed changes to parcel/property lines (including lease lines)
     - All recommendations of Department of Transit and Recreation Parks and Open Space.
   - Taxes: Proof that all City taxes are current.
   - Civic League: Letter from Civic League or summary of public meeting.
   - Deliver to:
     - Department of Planning
       810 Union Street, Room 508
       Norfolk, Virginia 23510
5. Provide a brief description of the business (i.e., # of employees, current locations, type of restaurant, etc...).
6. 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. Staff will advertise legal notice of application request in Virginian Pilot.
9. The Planning Commission will visit the site on the 2nd Wednesday of the month. (Applicant does not need to be present).
10. Prior to the public hearing the applicant will receive conditions pertaining to the request that staff is recommending. Please review the conditions, and if you have any questions or concerns, contact staff. If you understand and concur with the conditions, please return a signed copy of the conditions to the Planning Department.
11. Applicant **must** attend public hearing:
   - Where: City Hall Building  
     11th Floor, Council Chambers
   - Time: 2:15 p.m.

13. During the Commission’s hearing:
   - Applicant must register to speak prior to the 2:30 hearing start time.
   - Staff will present application and recommendation with conditions.
   - Applicant/representative may make a presentation.
   - Proponents may speak.
   - Opponents may speak.
   - Time will be provided for rebuttal.

14. The Planning Commission will make a recommendation on the application at the hearing which is forwarded to City Council.

15. The item will be considered by City Council on the 2nd Tuesday of the following month. The applicant must be present.
   - Where: City Hall Building  
     11th Floor, Council Chambers
   - Time: 7:00 p.m.

16. In accordance with *The City of Norfolk Zoning Ordinance*, construction shall begin or the use of land for which the conditional use permit has been obtained shall commence within 12 months from the adoption of the ordinance; otherwise the ordinance shall be void.
APPLICATION
CONDITIONAL USE PERMIT
(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*

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

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

(City): __________________________ (State): ______________________ (Zip Code): __________

Daytime telephone number of applicant: ( ) __________________

E-mail address: ______________________________________________________

AUTHORIZED AGENT* (if applicable)

2. Name of applicant: (Last) ___________________ (First) ______________________ (MI) _____

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

(City): __________________________ (State): ______________________ (Zip Code): __________

Daytime telephone number of applicant: ( ) __________________ Fax ( ) ________________

E-mail address: ______________________________________________________
PROPERTY OWNER*

3. 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: (     ) __________  
E-mail address: ________________________  

* (If applicant/agent/property owner is a LLC or a Corp./Inc., include name of official representative and/or all partners)

CIVIC LEAGUE INFORMATION

Civic League contact:  _______________________________________________________

Date meeting attended/held: ___________________________________________________________  
Ward/Super Ward information: _______________________________________________________

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) (Date)

Print name: __________________________ Sign: ___________________ ________  
(Applicant) (Date)

(If Applicable)

Print name: __________________________ Sign: ___________________ ________  
(Authorized Agent Signature) (Date)
Description of Operations
Conditional Use Permit

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.

Proposed Hours of Operation:

Weekday From: _________ To: _________

Friday From: _________ To: _________

Saturday From: _________ To: _________

Sunday From: _________ To: _________

Signature of Applicant
EXAMPLE

Survey

PHYSICAL SURVEY
OF
LOT 1 & PART OF LOT 2, BLOCK C
PLAT SHOWING A
SUBDIVISION OF
LOTS 21, 22, 43 & 44, BLOCK C
LOTS 21, 22, 43 & 44, BLOCK D
LOTS 21, 22, 43 & 44, BLOCK E
AS SHOWN ON MAP OF
OCEAN VIEW RESIDENCE PARK CORP.
AND
LOT 20
OCEAN VIEW RESIDENCE PARK CORP.
EXAMPLE

Conceptual Site Plan
(required for new construction or site improvements)
## Checklist – Conditional Use Permit

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable (Staff to fill-out)</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Required application fee, <strong>$1,080.00</strong></td>
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<tr>
<td>Pre-application meeting with Zoning Staff (At least 3 business days prior to deadline)</td>
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<td>Has this proposal been coordinated with the appropriate Civic League(s) or a public meeting held?</td>
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<td>Has this application been coordinated with the Department of Transit? (757) 664-7300</td>
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<td>Has this application been coordinated with Recreation, Parks and Open Space (757)-441-2400?</td>
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<td>One 8½ x 14 inch or 11 x 17-inch scaled copy of a physical survey</td>
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<td>Signature of all property owners?</td>
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<td>Is property in an AICUZ? Clear zone/Accident Potential Zone (APZ)/Noise zone</td>
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<td>Is property within ½ mile of another locality, or 3,000 feet of a military installation?</td>
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<td>Proof of all City taxes paid?</td>
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Applicant Signature: ____________________________________________ Date: ________________

Staff Signature: ______________________________________________ Date: ________________