



**Application Procedures
Conditional Use Permit
Extended Hours of Operation**

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 Public Works, 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 Public Works 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.

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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
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(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)



EXHIBIT "A"
Description of Operations
Extended Hours of Operation

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:

Facility

Weekday From: _____ To: _____

Friday From: _____ To: _____

Saturday From: _____ To: _____

Sunday From: _____ To: _____

2. If ABC license applied for, a different application is required.
3. If indoor or outdoor entertainment be provided, a second application is required.
(Entertainment consists of anything more than one, unamplified musician)
4. Will video games, pool tables, game boards or other types of games be provided?
 Yes (If more than 4, additional application required) No

4a. If yes, please describe type and number of each game to be provided

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Extended Hours of Operation

5. Will patrons ever be charged to enter the establishment?

- Yes No

5a. If yes, why

5b. Which days of the week will there be a cover charge (circle all applicable days)?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

6. 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
Extended Hours of Operation**

- 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
 - Ingress and egress
 - Standing room
 - Outdoor seating
 - Total maximum capacity (including employees)

TOTAL CAPACITY

a. Indoor

Number of seats _____

Standing room _____

b. Outdoor

Number of seats _____

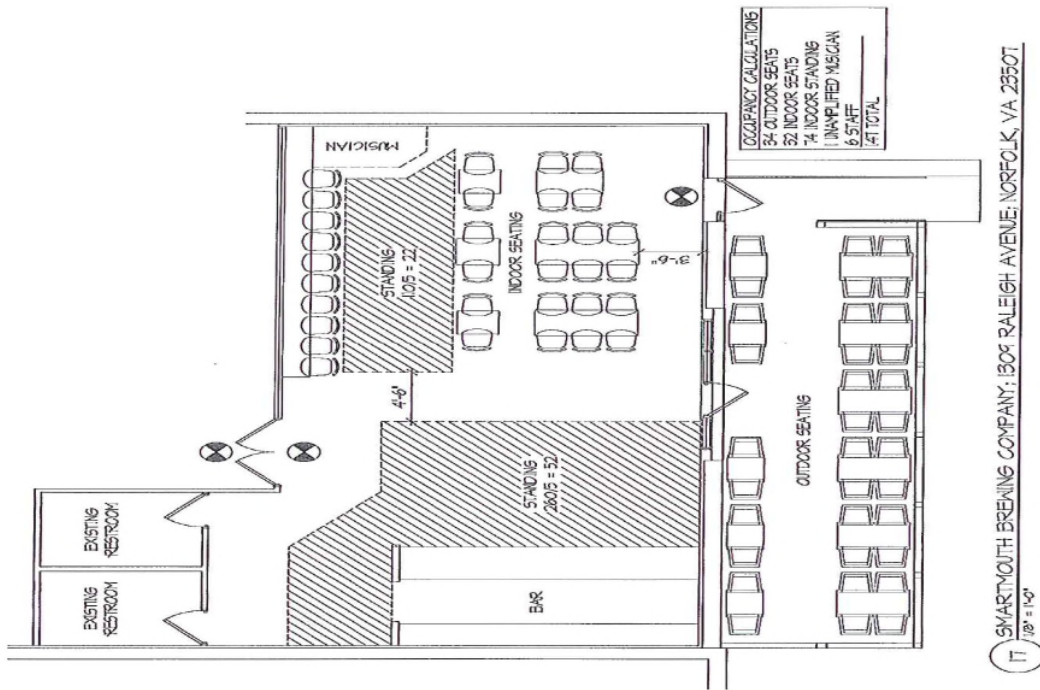
c. Number of employees _____

Total Occupancy

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

EXAMPLE

Floor Plan



17 SMARTMOUTH BREWING COMPANY: 1304 RALEIGH AVENUE, NORFOLK, VA 23507
1/8" = 1'-0"



**Checklist – Conditional Use Permit
Extended Hours of Operation**

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

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____