



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

1. **A pre-application meeting is required.** Call (757) 664-4752 for an appointment.
2. Contact the appropriate Civic League and Business Association. Attendance at a Civic League meeting or a neighborhood meeting as organized by the applicant is required as part of a complete submission.
3. 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)
  - **Taxes:** Proof that all City taxes are current.
  - **Business Association:** Letter or copy of email from local Business Association.
  - **Civic League:** Letter from Civic League or summary of neighborhood meeting.
  - **Deliver to:**

Department of Planning  
810 Union Street, Room 508  
Norfolk, Virginia 23510
4. Provide a brief description of the business (i.e., # of employees, current locations, type of restaurant, etc...).
5. Staff will review application to determine completeness.
6. Staff will conduct a site visit to post notice and photograph property (Applicant does not need to be present.)
7. Staff will advertise legal notice of application request in Virginian Pilot.
8. The Planning Commission will visit the site on the 2nd Wednesday of the month. (Applicant does not need to be present).

### **DEPARTMENT OF CITY PLANNING**

810 Union Street, Room 508

Norfolk, Virginia 23510

Telephone (757) 664-4752 Fax (757) 441-1569

(Revised July, 2018)

**Application Procedures**  
**Conditional Use Permit**  
**Page 2**

9. 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.
10. Applicant **must** attend public hearing:
  - Where: City Hall Building  
11th Floor, Council Chambers
  - Time: 2:15 p.m.
11. 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.
12. The Planning Commission will make a recommendation on the application at the hearing which is forwarded to City Council.
13. After the Planning Commission public hearing, City Council will consider the request once scheduled on the City Council docket.
  - The applicant should be present at the City Council public hearing and must register to speak by 3:00 pm the day of the meeting.
  - To contact the Clerk's office and register to speak, please email [ccouncil@norfolk.gov](mailto:ccouncil@norfolk.gov) or call 757-664-4253.
14. In accordance with *The City of Norfolk Zoning Ordinance*, construction shall begin on 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.

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**Application  
Conditional Use Permit  
Extended Hours of Operation  
(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: \_\_\_\_\_

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

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

Daytime telephone number of applicant: \_\_\_\_\_

**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 \_\_\_\_\_

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**Application****Extended Hours of Operation****Page 2****PROPERTY OWNER\***

3. Name of property owner: \_\_\_\_\_

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

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

Daytime telephone number of owner: \_\_\_\_\_

**\*(If applicant/agent/property owner is a LLC or a Corp./Inc., include name of official representative and/or all partners)****CIVIC LEAGUE - BUSINESS ASSOCIATION - HOA INFORMATION**

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

Date meeting attended/held: \_\_\_\_\_

Local Business Association (if applicable) contact: \_\_\_\_\_

Date meeting attended/held: \_\_\_\_\_

Home/Property/Condominium Owners Association (if applicable) 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) \_\_\_\_\_**DEPARTMENT OF CITY PLANNING**

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EXHIBIT "A"

Description of Operations  
Extended Hours of Operation  
(Please Print)

Date: \_\_\_\_\_

Name of business: \_\_\_\_\_

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

Business owner(s):

Name of LLC: \_\_\_\_\_

Name(s) of partners: \_\_\_\_\_

Property owner(s):

Name of LLC: \_\_\_\_\_

Name(s) of partners: \_\_\_\_\_

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

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Proposed Hours of Operation:

Facility

Weekday From: \_\_\_\_\_ To: \_\_\_\_\_

Friday From: \_\_\_\_\_ To: \_\_\_\_\_

Saturday From: \_\_\_\_\_ To: \_\_\_\_\_

Sunday From: \_\_\_\_\_ To: \_\_\_\_\_

1. If ABC license applied for, a different application is required.

2. If indoor or outdoor entertainment be provided, a second application is required.  
(Entertainment consists of anything more than one, unamplified musician)

3. 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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**Exhibit A – Page 2**  
**Extended Hours of Operation**

**4. Will patrons ever be charged to enter the establishment?**

Yes       No

**5a. If yes, why**

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

Monday   Tuesday   Wednesday   Thursday   Friday   Saturday   Sunday

**5. Additional comments/ description/operational characteristics or prior experience:**

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

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**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 on busiest shift** \_\_\_\_\_

#### **Total Occupancy**

**(Indoor/Outdoor seats, standing room and employees) = \_\_\_\_\_**

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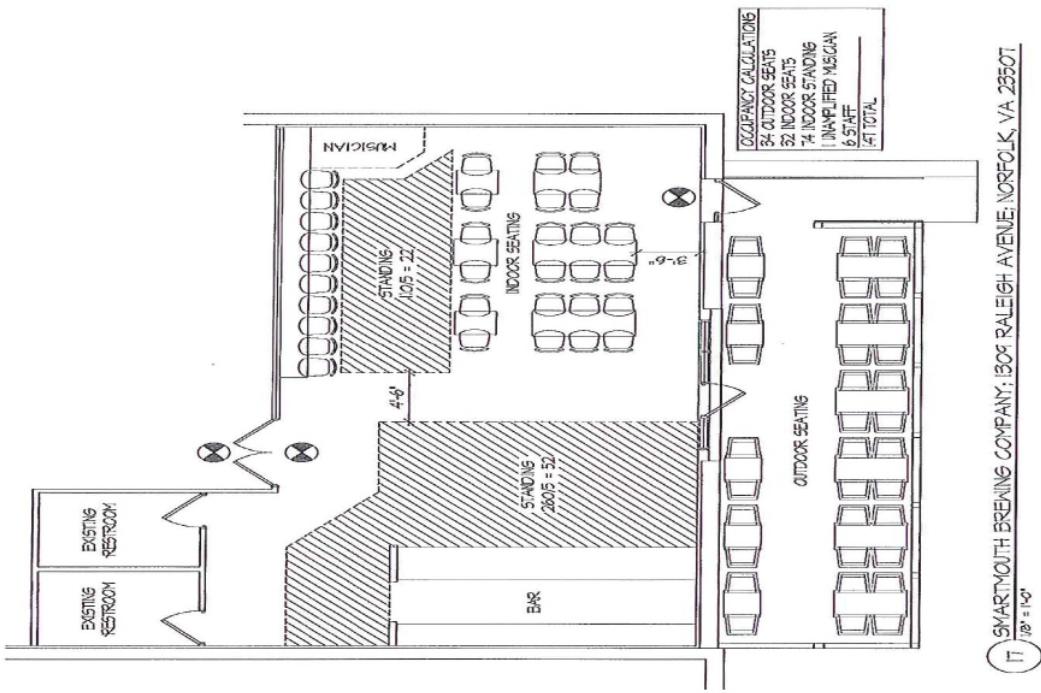
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## EXAMPLE

### Floor Plan



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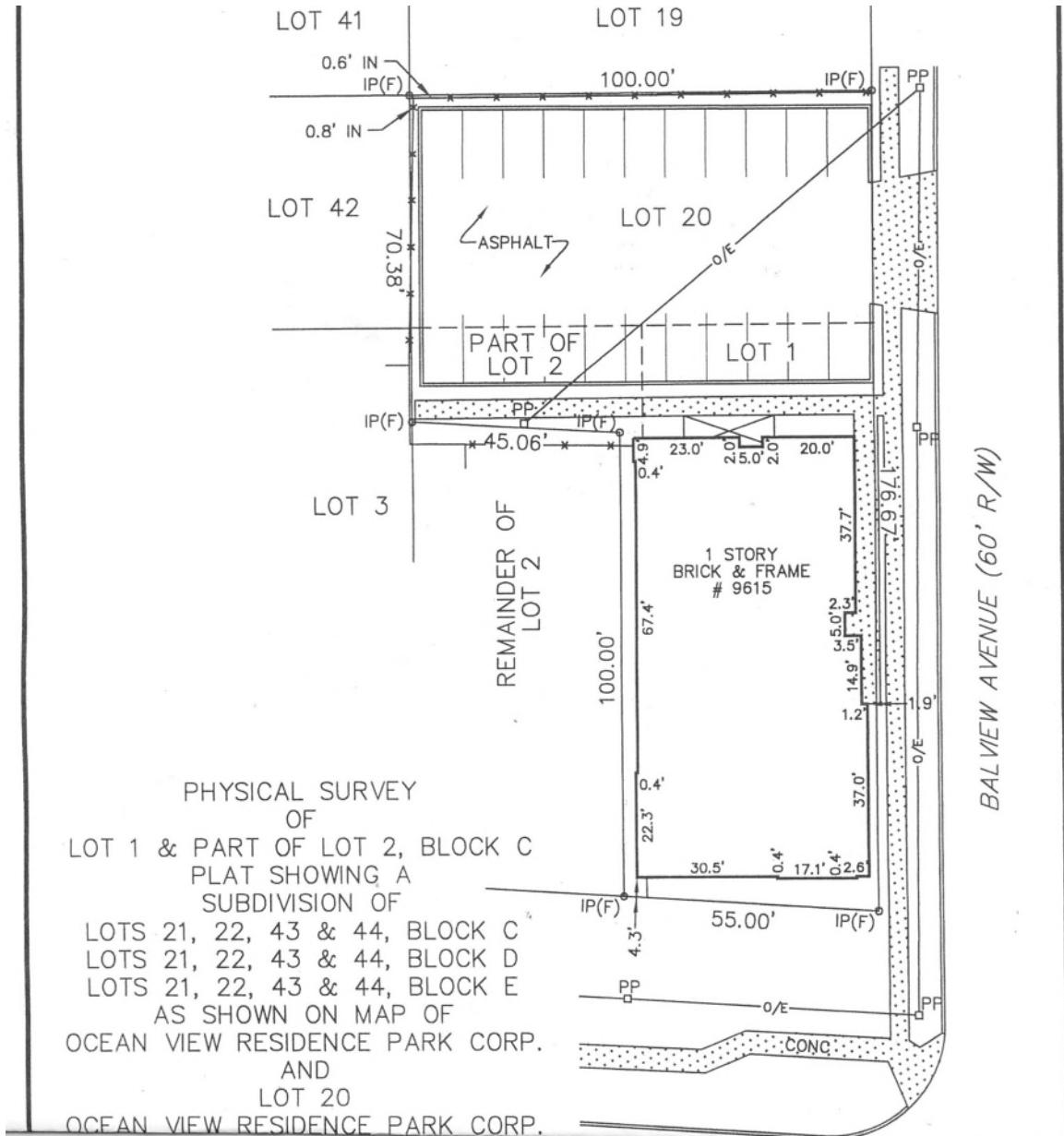
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## EXAMPLE

## Survey



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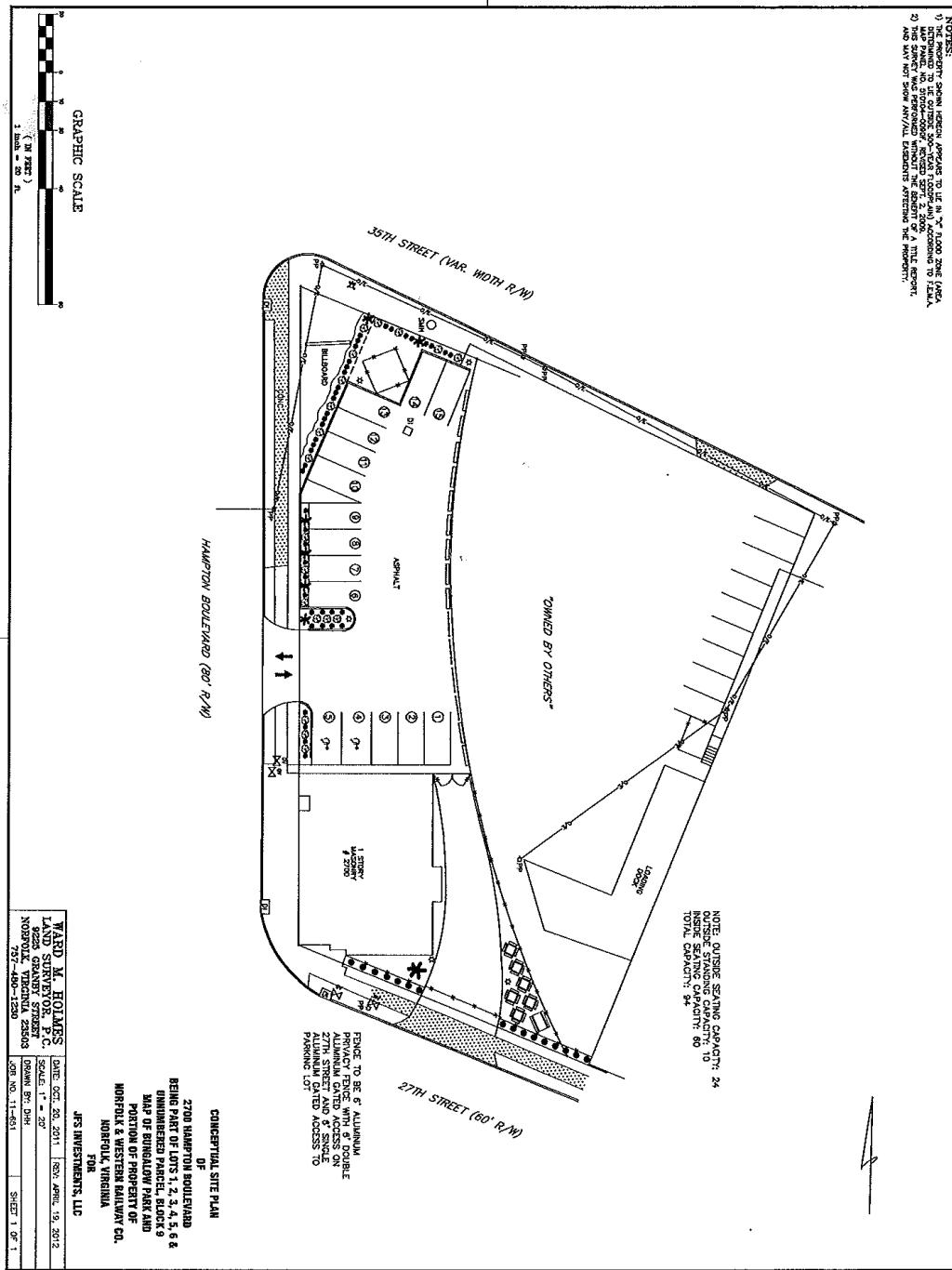
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## EXAMPLE

### Conceptual Site Plan (required for new construction or site improvements)



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

Item	Yes	No	Not Applicable (Staff to fill-out)	Comments
Required application fee, <b><u>\$1,080.00</u></b>				
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?				
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?				
Copy of Current Business License?				

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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