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.

DEPARTMENT OF CITY PLANNING
810 Union Street, Room 508
Norfolk, Virginia 23510
Telephone (757) 664-4752  Fax (757) 441-1569
(Revised July, 2018)
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
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: (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
   ___________________________________________
Exhibit A – Page 2
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 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**

**Extended Hours of Operation**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable (Staff to fill-out)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required application fee, <strong>$1,080.00</strong></td>
<td></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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<tr>
<td>Has this proposal been coordinated with the appropriate Civic League(s) or a public meeting held?</td>
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<tr>
<td>Has this application been coordinated with the Transportation Division of Public Works (757) 664-7300?</td>
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<tr>
<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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<tr>
<td>Signature of all property owners?</td>
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<tr>
<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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<tr>
<td>Proof of all City taxes paid?</td>
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</tbody>
</table>

**Applicant Signature:** _______________________________   **Date:** ________________

**Staff Signature:** _______________________________   **Date:** ________________

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(Revised July, 2018)