Application Procedures
Conditional Use Permit
Production of Craft Beverages

2. Contact the Virginia Department of Alcoholic Beverage Control located at 1103 S. Military Highway, PO Box 1486, Chesapeake, VA 23327-1486; Telephone No.: 757-424-6700.

3. 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.

4. Meet with the Departments of Transit, and Recreation Parks and Open space for site recommendations prior to submittal of application.

5. 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:
     o All proposed site improvements
     o Proposed structures
     o Drive aisles and parking with dimensions
     o Proposed changes to parcel/property lines (including lease lines)
     o All recommendations of Department of Transit and Recreation Parks and Open Space.
   • Floor Plan: 8½ inch X 11-inch copy of a floor plan prepared by an architect depicting:
     o Tables/seats
     o Restroom facilities
     o Bar
     o Ingress and egress
     o Standing room
     o Disc Jockey/Band/Entertainment area
     o Outdoor seating
     o Total maximum capacity (including employees) (see attached example).
   • Taxes: Proof that all City taxes are current.
   • Civic League: Letter from Civic League or summary of public meeting.
6. Provide a brief description of the business (i.e., # of employees, current locations, type of restaurant, etc...).
7. Staff will review application to determine completeness.
8. Staff will conduct a site visit to post notice and photograph property (Applicant does not need to be present.)
9. Staff will advertise legal notice of application request in Virginian Pilot.
10. The Planning Commission will visit the site on the 2nd Wednesday of the month. (Applicant does not need to be present).
11. 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.
12. 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.
17. The conditional use permit shall expire upon a change in ownership, possession, operation or management of the facility.
Application
Conditional Use Permit
Production of Craft Beverages

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: _____________________________________________________________

DEPARTMENT OF CITY PLANNING
810 Union Street, Room 508
Norfolk, Virginia 23510
Telephone (757) 664-4752   Fax (757) 441-1569
(Revised July, 2018)
Conditional Use Permit - Production of Craft Beverages
Page 2

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
Production of Craft Beverages

Date of Application: ______________
Name of business: 

Address of business:

Name(s) of business owner(s)*: _______________________________________

Name(s) of property owner(s)*: _______________________________________

Name of business managers/operators ___________________; _____________________
____________________________; ______________________; _______________________

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.

1. Proposed Hours of open to the public:

   **Sale of Alcohol for Off-Premises**
   (Only for alcohol brewed on-site)

   **Sale of Alcohol Sales for On-Premises**
   (Other than tastings)

   Weekday  From: _________To: _________  Weekday  From: _________To: _________
   Friday  From: _________To: _________  Friday  From: _________To: _________
   Saturday  From: _________To: _________  Saturday  From: _________To: _________
   Sunday  From: _________To: _________  Sunday  From: _________To: _________
   (Brewing operations permitted 24-hours)
2. Will video games, pool tables, game boards or other types of games be provided?
   □ Yes (If more than 4, additional application required) □ No

   2a. If yes, please describe type and number of each game to be provided:

3. Will patrons ever be charged to enter the establishment?
   □ Yes □ No

   3a. 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

4. Will the facility or a portion of the facility be available for private parties?
   □ Yes □ No

   4a. If yes, explain:
       ________________________________________________________________
       ________________________________________________________________

5. Will a third party (promoter) be permitted to lease, let or use the establishment?
   □ Yes □ No

   5a. If yes, explain:
       ________________________________________________________________
       ________________________________________________________________

6. Will there ever be a minimum age limit?
   □ Yes □ No

7. Additional comments/description/operational characteristics or prior experience:
Note: If smoking is permitted, then floor plans must be submitted showing all necessary building code requirements for such facility

_________________________________
Signature of applicant/owner
EXAMPLE
Survey

THIS IS TO CERTIFY THAT I, ON NOV. 19, 2007, SURVEYED THE PROPERTY SHOWN HEREON AND THAT THE TITLE LINES AND PHYSICAL IMPROVEMENTS ARE AS SHOWN HEREON. THE IMPROVEMENTS STAND STRICTLY WITHIN THE TITLE LINES AND THERE ARE NO ENCROACHMENTS OF OTHER BUILDINGS EXCEPT AS SHOWN.

SIGNED:

NOTES:
1) THE PROPERTY SHOWN HEREON APPEARS TO LIE IN "C" FLOOD ZONE ACCORDING TO F.E.M.A. MAP PANEL NO. 510104-00100, REVISED APR. 17, 1984.
2) THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE REPORT, AND MAY NOT SHOW ANY/ALL EASEMENTS AFFECTING THE PROPERTY.

LOT 41
LOT 19

0.6' IN IP(F)

0.8' IN

LOT 42

LOT 20

ASPHALT

LOT 2

PART OF LOT 2

LOT 1

LOT 3

REMAINDER OF LOT 2

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.

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**Floor Plan**

- 8½ x 14 inch or 11 x 17 inch in size
- Must be drawn to scale – showing square footages for both brewery and assembly space
- Brewing/fermentation tanks
- Brewery portions open to public if applicable (for tours/assemblies)
- Location/display of all alcohol available for retail sales (off-premises consumption)
- Tables/Chairs
- Restrooms
- Occupancy calculations
- Construction type
- Current building use group
- Proposed building use group
- Gross square footage
- Outdoor seating/assembly
- Ingress/egress
## Checklist – Conditional Use Permit

### Production of Craft Beverages

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable (Staff to fill-out)</th>
<th>Comments</th>
</tr>
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<tbody>
<tr>
<td>Required application fee, <strong>$1,080.00</strong></td>
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<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>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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<td>Proof of all City Taxes paid?</td>
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</tbody>
</table>

Applicant Signature: __________________________________________________________________________ Date: _________________

Staff Signature: ____________________________________________________________________________ Date: _________________

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