



Application Procedures
Conditional Use Permit
Restaurant with Extended Hours of Operation

1. **A pre-application meeting is required.** Call (757) 664-4752 for an appointment.
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 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.
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)
 - **Floor Plan:** 8½ inch X 11-inch copy of a floor plan prepared by an architect depicting:
 - Tables/seats
 - Restroom facilities
 - Bar
 - Ingress and egress
 - Standing room
 - Disc Jockey/Band/Entertainment area)
 - Outdoor seating
 - Total maximum capacity (including employees)
(see attached example).
 - **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.

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 – Restaurant with Entertainment/Extended Hours of Operation

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- **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. 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 or call 757-664-4253.

Location

- City Hall Building, 11th Floor, Council Chambers
- Time: 6:00 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.

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**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: _____

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**Restaurant with 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

Restaurant with 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 _____

Proposed Hours of Operation:

Facility

Weekday From: _____ To: _____ Weekday From: _____ To: _____

Friday From: _____ To: _____ Friday From: _____ To: _____

Saturday From: _____ To: _____ Saturday From: _____ To: _____

Sunday From: _____ To: _____ Sunday From: _____ To: _____

Alcoholic Beverage Sales

1. Type of ABC license applied for (check all applicable boxes):
 On-Premises Off-Premises (additional application required)

2. Type of alcoholic beverage applied for:
 Beer Wine Mixed Beverage

3. If entertainment be provided, a different application is required.
(Entertainment consists of anything more than one, unamplified musician)

4. If more than 4- video games, pool tables, game boards or other types of games provided a different application is required.

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Exhibit A – Page 2
Restaurant with Extended Hours of Operation

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

Yes No

6a. If yes, why

6b. Which days of the week will there be a cover charge (circle all applicable days)?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

6. Will the facility or a portion of the facility be available for private parties?

Yes No

7a. If yes, explain

7. Will a third party (promoter) be permitted to lease, let or use the establishment?

Yes No

8a. If yes, explain

8. Will there ever be a minimum age limit?

Yes No

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Exhibit A – Managers**Banquet Hall with Live Entertainment/Sale of Alcoholic Beverages, On-Premises**

Please provide relevant experience of all managers (Please print or type)

1. Manager Name: _____
Home address: _____
Telephone Number: _____

Name and Address of Establishment: _____
Date of Employment: _____

Name and Address of Establishment: _____
Date of Employment: _____

Name and Address of Establishment: _____
Date of Employment: _____

2. Manager Name: _____
Home address: _____
Telephone Number: _____

Name and Address of Establishment: _____
Date of Employment: _____

Name and Address of Establishment: _____
Date of Employment: _____

Name and Address of Establishment: _____
Date of Employment: _____

3. Manager Name: _____
Home address: _____
Telephone Number: _____

Name and Address of Establishment: _____
Date of Employment: _____

Name and Address of Establishment: _____
Date of Employment: _____

Name and Address of Establishment: _____
Date of Employment: _____

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4. Manager Name: _____
Address: _____
Telephone Number: _____

Name and Address of Establishment: _____
Date of Employment: _____

Name and Address of Establishment: _____
Date of Employment: _____

Name and Address of Establishment: _____
Date of Employment: _____

5. Manager Name: _____
Home address: _____
Telephone Number: _____

Name and Address of Establishment: _____
Date of Employment: _____

Name and Address of Establishment: _____
Date of Employment: _____

Name and Address of Establishment: _____
Date of Employment: _____

6. Manager Name: _____
Home address: _____
Telephone Number: _____

Name and Address of Establishment: _____
Date of Employment: _____

Name and Address of Establishment: _____
Date of Employment: _____

Name and Address of Establishment: _____
Date of Employment: _____

Signature of Applicant

Exhibit A – Floor Plan(s) Worksheet
Restaurant with 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
 - Bar
 - Ingress and egress
 - Standing room
 - Outdoor seating
 - Total maximum capacity (including employees)

TOTAL CAPACITY

a. Indoor

Number of seats (not including bar seats) _____
Number of bar 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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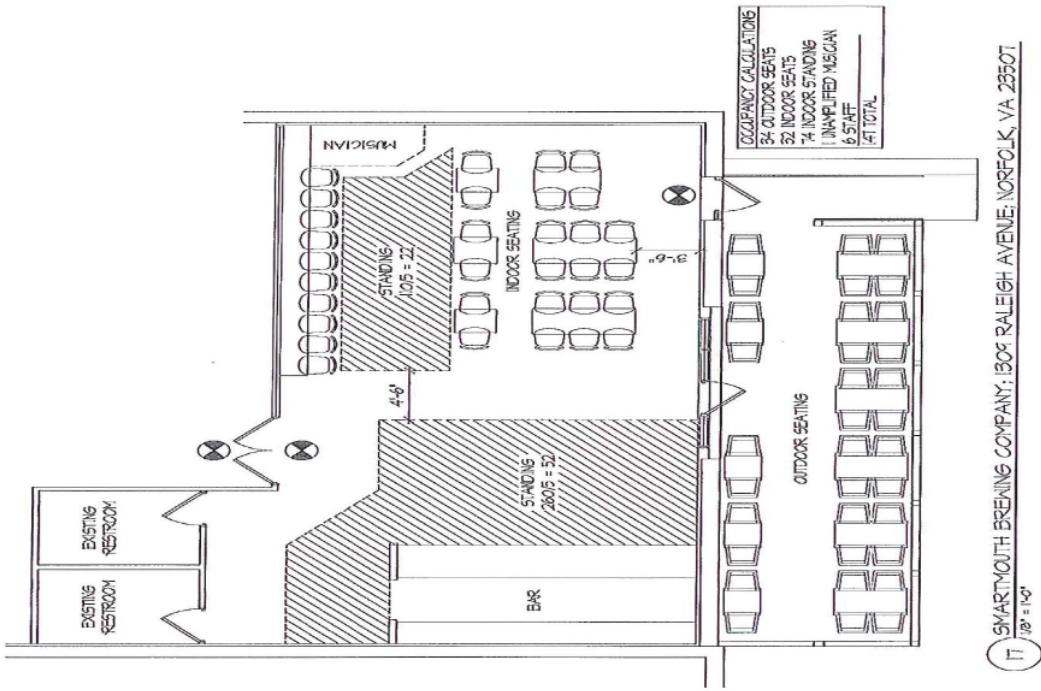
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EXAMPLE

Floor Plan



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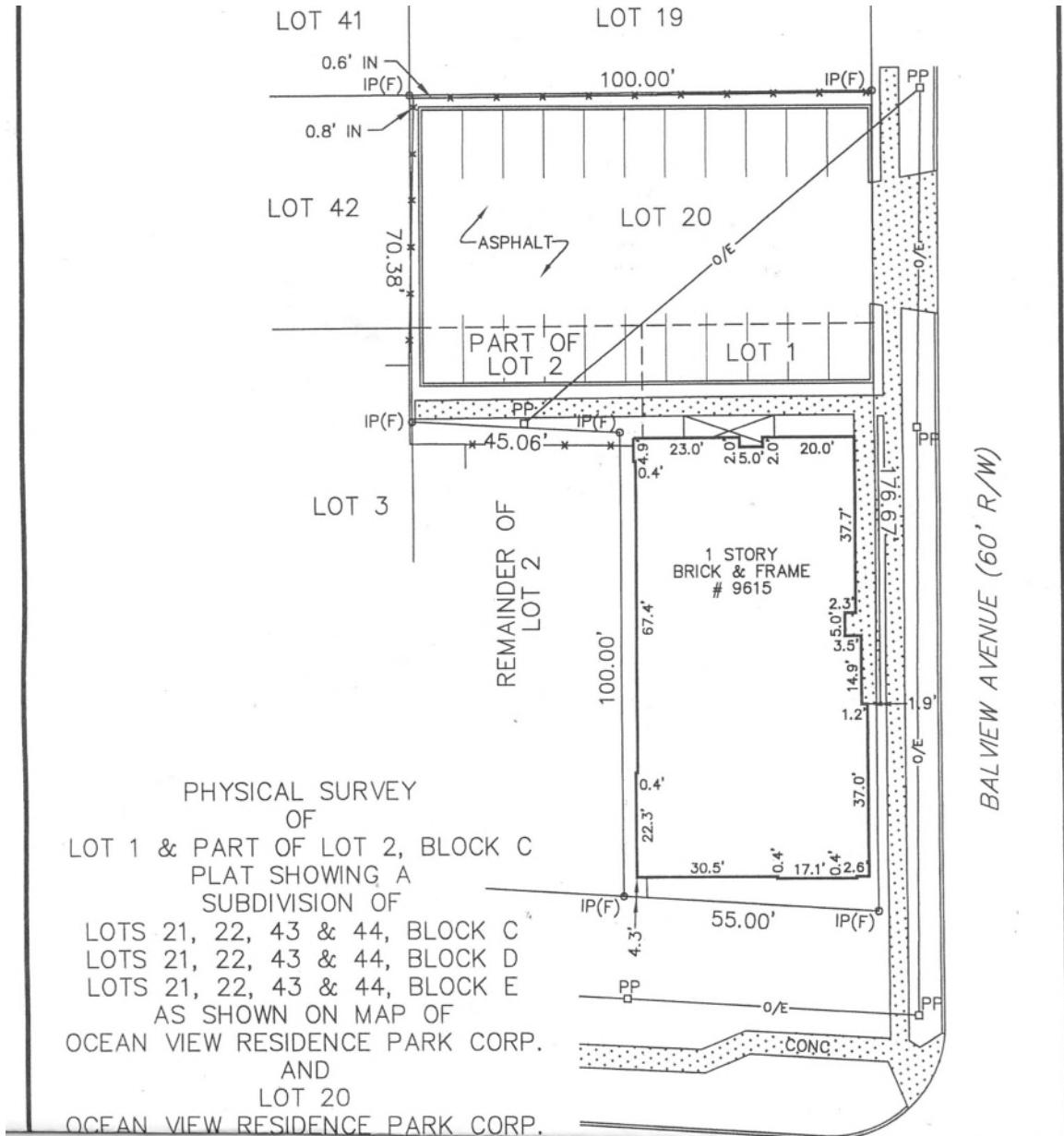
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EXAMPLE

Survey



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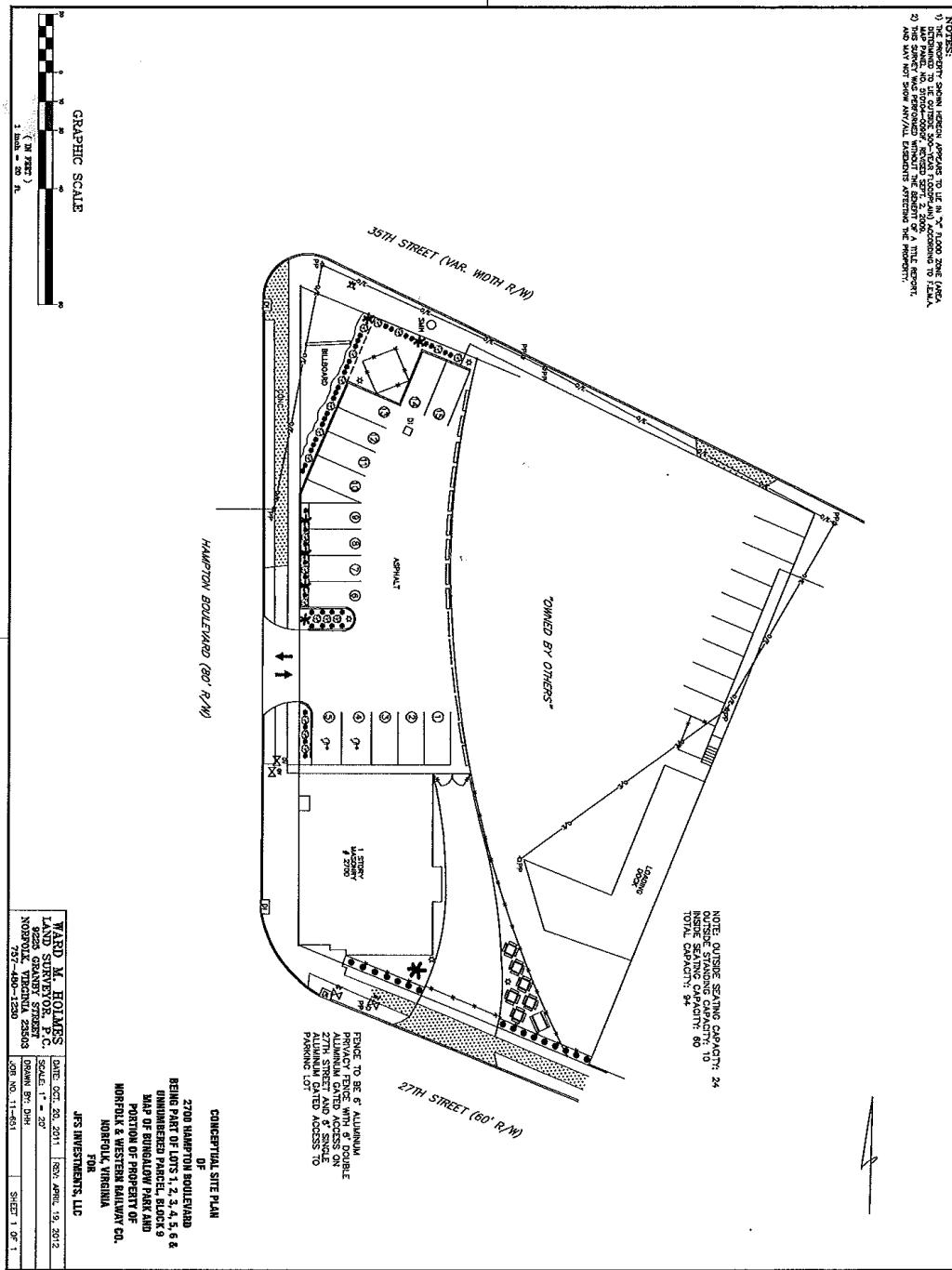
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EXAMPLE

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



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Checklist – Conditional Use Permit
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Item	Yes	No	Not Applicable (Staff to fill-out)	Comments
Required application fee, \$1,080.00				
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: _____

Staff Signature: _____ Date: _____

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