Conditional Use Permit
Sale of Alcoholic Beverages, Off-Premises

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 Transit, 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 Transit and Recreation Parks and Open Space.
   - **Floor Plan:** 8½ inch X 11-inch copy of a floor plan drawn to scale showing where cold and/or room temperature alcoholic beverages will be sold. (see attached example).
   - **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.

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
Sale of Alcoholic Beverages, Off-Premises
(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: (     ) _______________ Fax (     )________________

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: ____________________________________________________
Application
Conditional Use Permit - Sale of Alcoholic Beverages, Off-Premises
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
Sale of Alcoholic Beverages, Off-Premises

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 Operation:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Alcoholic Beverage Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekday</td>
<td>From: _______To: _______</td>
</tr>
<tr>
<td>Friday</td>
<td>From: _______To: _______</td>
</tr>
<tr>
<td>Saturday</td>
<td>From: _______To: _______</td>
</tr>
<tr>
<td>Sunday</td>
<td>From: _______To: _______</td>
</tr>
</tbody>
</table>

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

3. Alcoholic beverages to be sold:
   - [ ] Room temperature
   - [ ] Refrigerated
4. As a general rule, the City does not approve selling beer in a single-sized serving container or selling wine in a bottle that is less than 375 milliliters. If you are seeking approval to sell servings that do not meet these criteria, please explain your justification as well as indicate what sizes you would sell:

__________________________
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.

DEPARTMENT OF CITY PLANNING
810 Union Street, Room 508
Norfolk, Virginia 23510
Telephone (757) 664-4752 Fax (757) 441-1569
(Revised July, 2018)
EXAMPLE

Special Exception – Alcoholic Beverages Off-Premises

FLOOR PLAN

Floor Plan

- 8½ x 14 inch in size
- Must be to scale
- Shelves
- Coolers
- Indicate where ABC merchandise will be displayed (cold and room temperature)
- Ingress/egress
- Cashier area
EXAMPLE

Conceptual Site Plan
(required for new construction or site improvements)
### Checklist – Conditional Use Permit

**Sale of Alcoholic Beverages, Off-Premises**

<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>
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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 Department of Transit (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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<tr>
<td><strong>Exhibit A</strong></td>
<td></td>
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<tr>
<td>One 8½ x 14 inch or 11 x 17-inch scaled copy of a physical survey</td>
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<td></td>
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</tr>
<tr>
<td>One 8½ x 14 inch or 11 x 17-inch scaled copy of a conceptual site plan</td>
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<td></td>
<td></td>
<td></td>
</tr>
<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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<tr>
<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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</tr>
</tbody>
</table>

Applicant Signature: ____________________________________ Date: ________________

Staff Signature: ________________________________________ Date: ________________

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