



Application Procedures Zoning Certificate Restaurant

1. **A pre-application meeting is required.** Call 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. 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:** \$95 (if on-premises alcohol sales is included)
 - **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.
 - **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.

• **Deliver to:**

- Department of Planning
810 Union Street, Room 508
Norfolk, Virginia 23510

5. Staff will review application to determine completeness.
6. Upon determination of completeness, staff will prepare a Zoning Certificate.

7. Revocation of Zoning Certificate:

The Zoning Administrator may revoke a Zoning Certificate if the recipient of the certificate fails to develop or maintain the property in accordance with the plans submitted as approved in the Zoning Certificate; Fails to abide by the requirements of this Ordinance, including but not limited to the performance standards in Article 4, Performance Standards; or Fails to meet any additional requirements lawfully imposed in connection with the issuance of the Zoning Certificate.

No person may continue to make use of land or buildings for operation of a Restaurant after a Zoning Certificate authorizing the use has been revoked, and no application for a new Zoning Certificate for an Eating Establishment on the same property shall be considered for 6 months from the date of revocation.

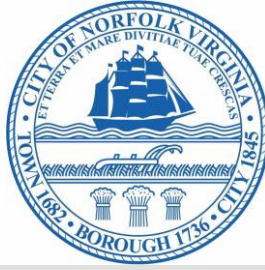


EXHIBIT "A"
Description of Operations
Restaurant

Date: _____

Trade name of business: _____

Address of business: _____

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

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

*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.

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

(City): _____ (State): _____ (Zip Code): _____

Daytime telephone number of applicant:() _____

E-mail address: _____

1. Cost of improvements: _____

2. Proposed Hours of Operation:

<u>Facility</u>			<u>Alcoholic Beverage Sales</u>		
Weekday	From: _____	To: _____	Weekday	From: _____	To: _____
Friday	From: _____	To: _____	Friday	From: _____	To: _____
Saturday	From: _____	To: _____	Saturday	From: _____	To: _____
Sunday	From: _____	To: _____	Sunday	From: _____	To: _____

3. Type of ABC license applied for (check all applicable boxes):

On-Premises Off-Premises (conditional use permit required)

4. Type of alcoholic beverage applied for:
 Beer Wine Mixed Beverage
5. If entertainment is provided, a conditional use permit is required.
(Entertainment consists of anything more than one, unamplified musician)
6. Will video games, pool tables, game boards or other types of games be provided?
 Yes (If more than 4, conditional use permit required) No

6a. If yes, please describe type and number of each game to be provided

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

7a. If yes, why

7b. Which days of the week will there be a cover charge (circle all applicable days)?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

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
Zoning Certificate - Restaurant

- 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 _____

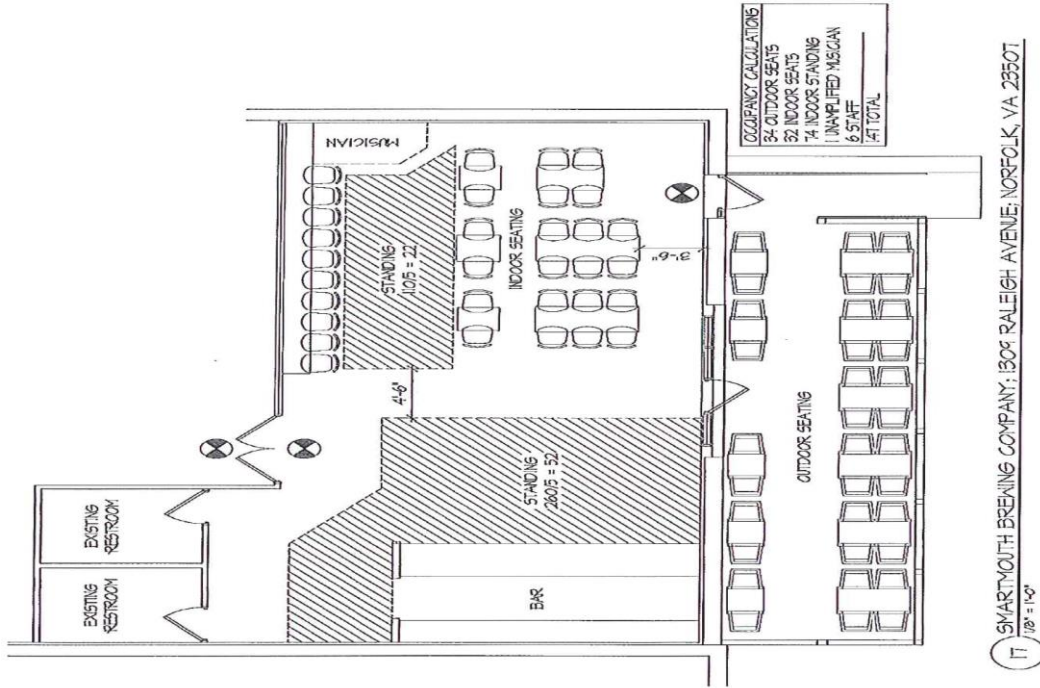
c. Number of employees _____

Total Occupancy

(Indoor/Outdoor seats, standing room and employees) = _____

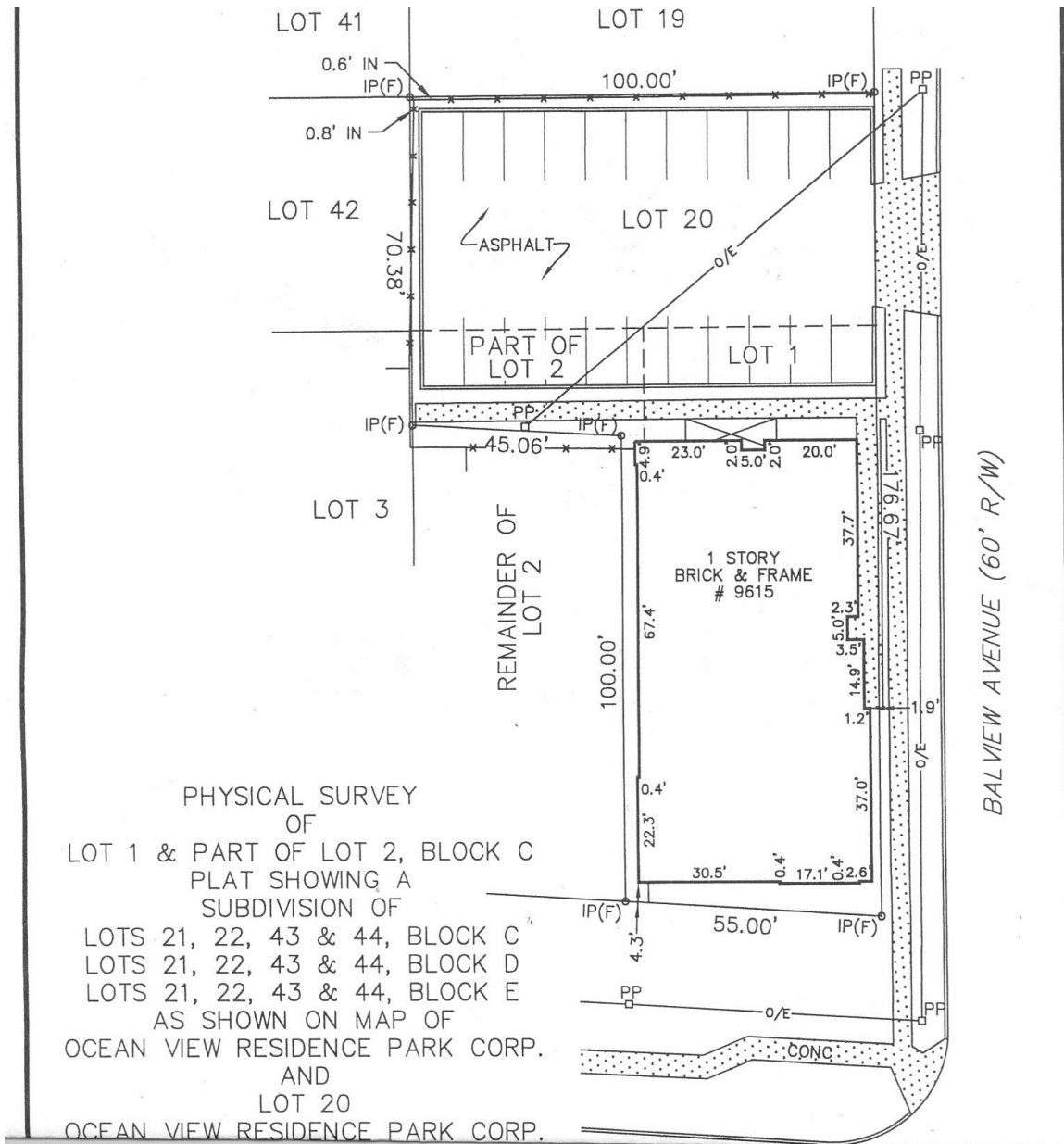
EXAMPLE

Floor Plan



EXAMPLE

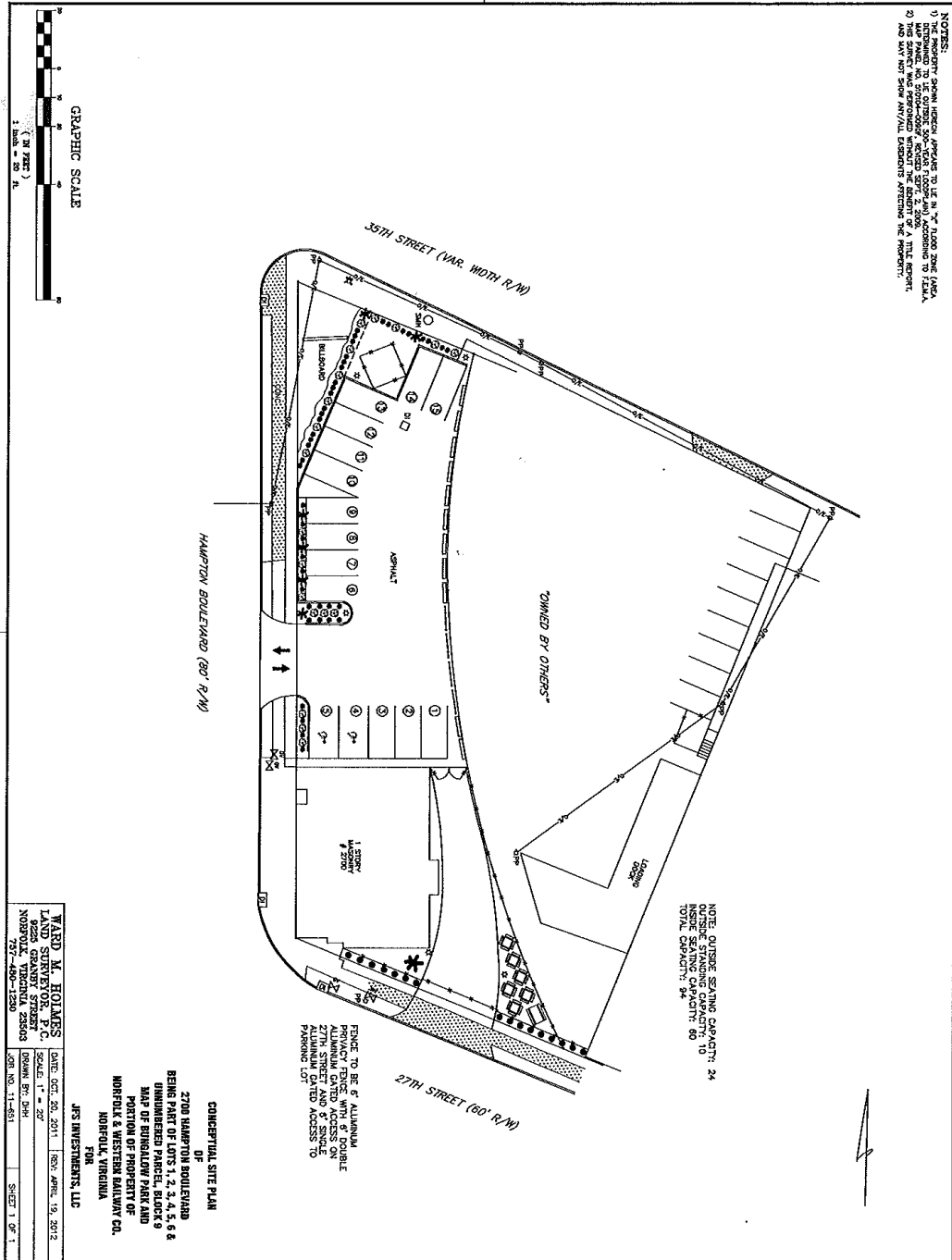
Survey



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 – Zoning Certificate
Restaurant**

Item	Yes	No	Not Applicable (Staff to fill-out)	Comments
Pre-application meeting with Zoning Staff				
Required application fee: \$95 (if alcohol is included)				
Has this application been coordinated with the Transportation Division of Public Works (757) 664-7300?				
Exhibit A				
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				
Proof of all City taxes paid?				

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____