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:

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

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) = _______.

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

<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>Pre-application meeting with Zoning Staff</td>
<td></td>
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<tr>
<td>Required application fee: $95 (if alcohol is included)</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>Exhibit A</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>One 8½ x 14 inch or 11 x 17-inch scaled copy of a conceptual site plan</td>
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<tr>
<td>Proof of all City taxes paid?</td>
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Applicant Signature: ____________________________________     Date: ________________

Staff Signature: ________________________________________     Date: ________________