



**Application Procedures
Conditional Use Permit
Sale of Alcoholic Beverages, On-Premises**

1. **A pre-application meeting is required.** Call 664-4752 for an appointment.
2. Contact the appropriate Civic League and Business Association. 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.
 - **Business Association:** Letter or copy of email from local Business Association.
 - **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.

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

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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: _____

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: _____

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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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: _____

***(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)

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EXHIBIT "A"
Description of Operations
Sale of Alcoholic Beverages, On-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:

Facility

Weekday From: _____ To: _____

Friday From: _____ To: _____

Saturday From: _____ To: _____

Sunday From: _____ To: _____

Alcoholic Beverage Sales

Weekday From: _____ To: _____

Friday From: _____ To: _____

Saturday From: _____ To: _____

Sunday From: _____ To: _____

2. Type of alcoholic beverage applied for:

___ Beer ___ Wine ___ Mixed Beverage

3. Alcoholic beverages to be sold:

___ Room temperature ___ Refrigerated

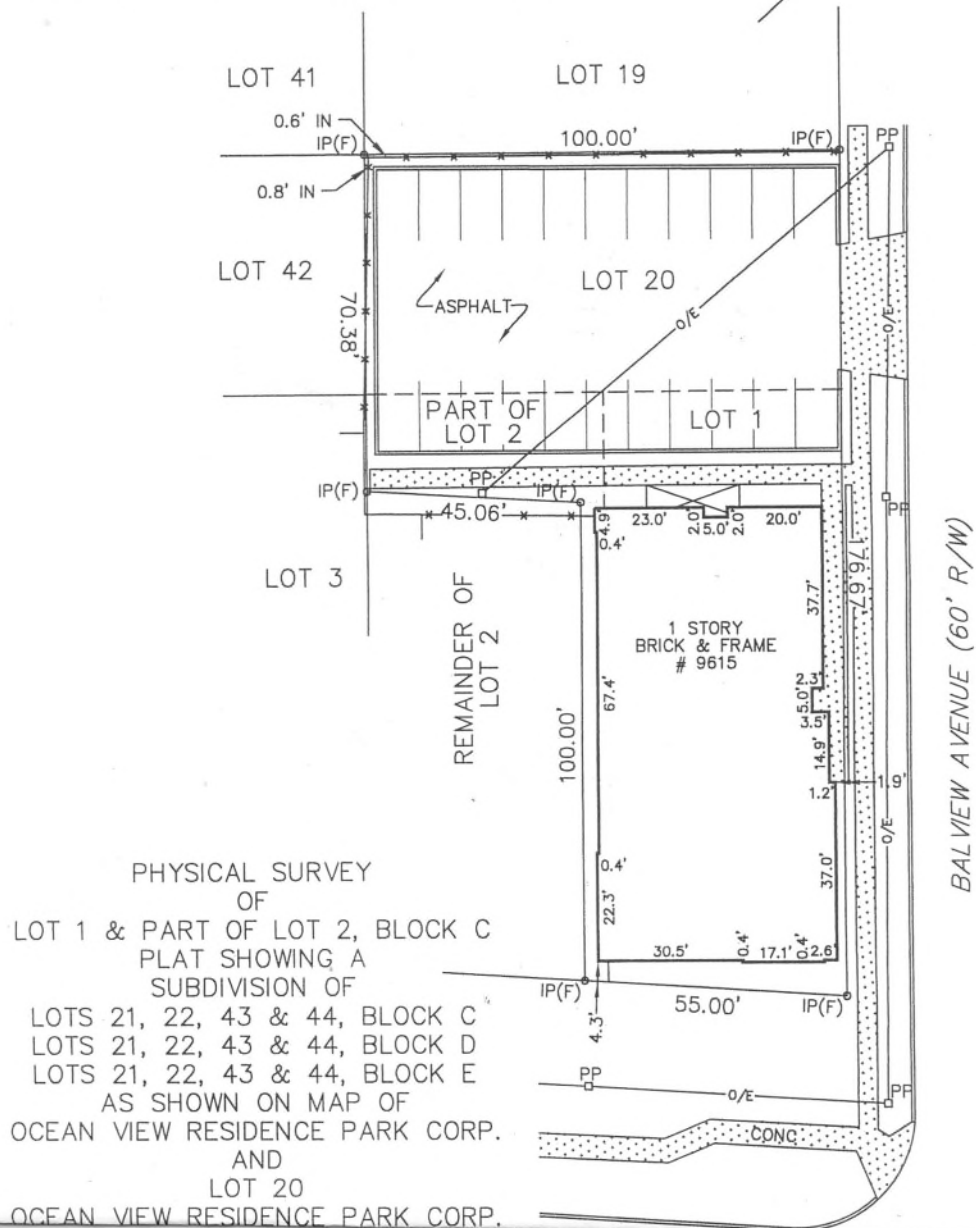
Survey

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: *Ward M. Holmes*

NOTES:

- 1) THE PROPERTY SHOWN HEREON APPEARS TO LIE IN "C" FLOOD ZONE
ACCORDING TO F.E.M.A. MAP PANEL NO. 510104-0010D, 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

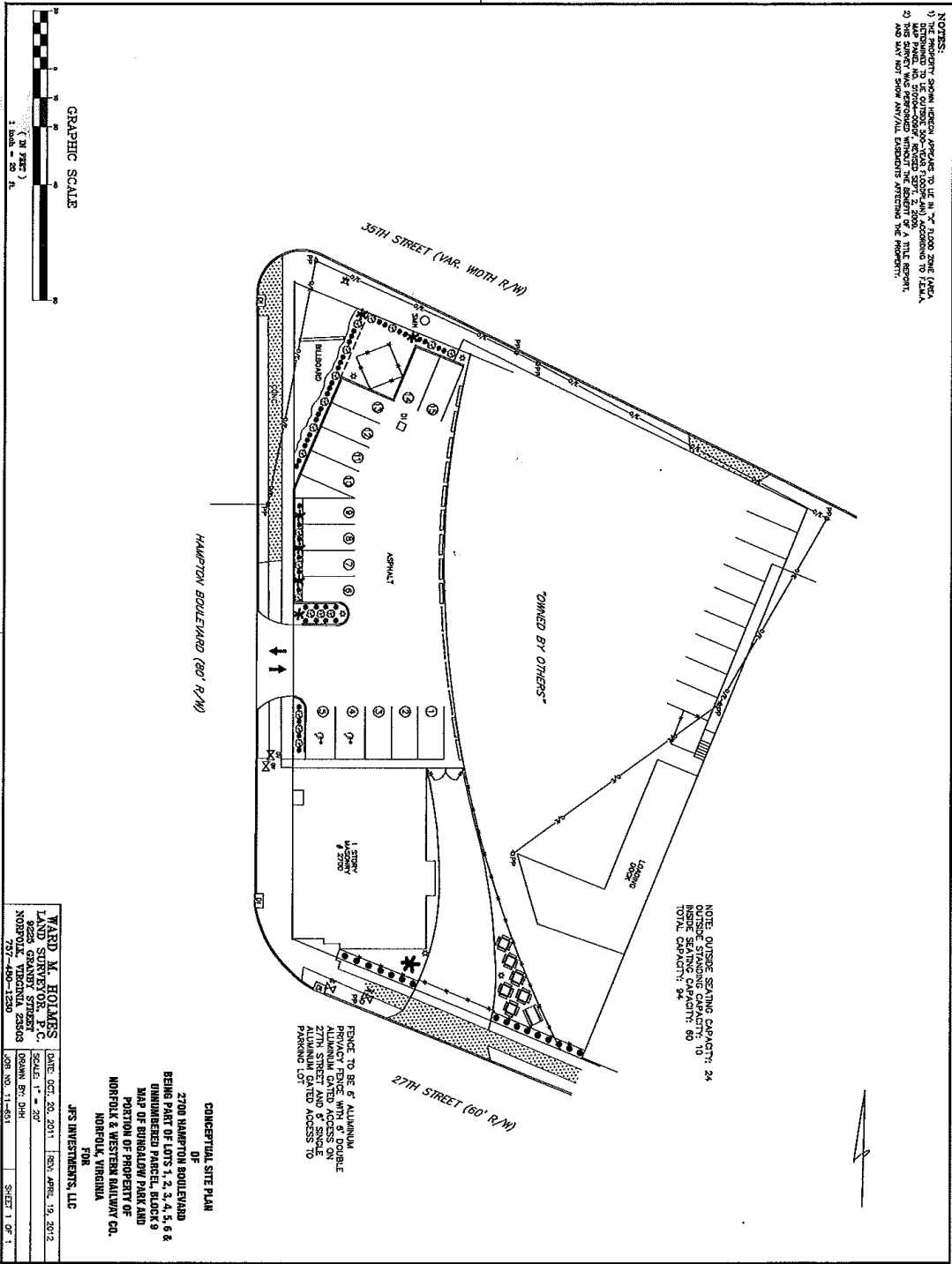
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EXAMPLE

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





Checklist – Conditional Use Permit
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Item	Yes	No	Not Applicable (Staff to fill-out)	Comments
Required application fee, <u>\$1,080.00</u>				
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?				
Has this application been coordinated with the Department of Transit (757) 664-7300?				
Has this application been coordinated with Recreation, Parks and Open Space (757)-441-2400?				
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				
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?				

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

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