

## DINWIDDIE COUNTY BUSINESS LICENSE ZONING COMPLIANCE CHECKLIST

Applicants: Please complete the questionnaire below. The Dinwiddie County Zoning Department will use this information in reviewing zoning requirements for the business. The Zoning Department may require additional information including a site inspection based on the answers given. Approval may take up to 5 business days.

Dinwiddie County permits two types of home occupations: Type I or Type II. Generally, Type II home occupations are more intense uses and are allowed in fewer areas of the county. Specific requirements for home occupations are described in Dinwiddie Code Section 22-245. The home occupation type(s) permitted in each district are described in the "Permitted Uses" section for the applicable zoning district in Dinwiddie County Code Chapter 22, *Zoning, Article IV, District Regulations*. The Dinwiddie County Code is available online via a link from the county's website, <http://www.dinwiddieva.us>, or in print at the Dinwiddie County Planning Department.

### I. ALL APPLICANTS

This business is a:                     Commercial Business                     Home Occupation

Applicant: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Property Address of Business: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Relationship to Property Owner: \_\_\_\_\_

Description of Business Activity: \_\_\_\_\_

### II. COMMERCIAL BUSINESS APPLICANTS ONLY:

CIRCLE ONE

- |   |  |
|---|--|
| <p>1. Does the structure have a valid certificate of occupancy issued by the Dinwiddie County Building Department?<br/>If yes, certificate number and date: _____</p> <p>2. Existing Use: _____<br/>Proposed Use: _____</p> <p>3. Will there be any alterations?<br/>If yes, please describe (structural, electrical, plumbing, mechanical, accessibility, etc) _____</p> <p>4. Will a sign be placed on the property advertising uses or services?</p> | <p>Yes    No</p> <p>Yes    No</p> <p>Yes    No</p> |
|---|--|

<b>OFFICE USE ONLY</b>			
Tax Map # _____			Zoning District _____
Zoning Conditions:	Yes    No		Ordinance#: _____
Conditions: _____			
Zoning Use Category: _____			
Is This Use Permitted in the Zoning District?	Yes	No	
Does the Business need a sign?	Yes	No	
Home Occupation? If yes,	Yes	No	
Home Occupation Type:	Type I	Type II	
Home Occupation: Is the sq. footage of used space within zoning limits?	Yes	No	

**III. HOME OCCUPATION APPLICANTS ONLY:**

**A. QUESTIONS RELATED TO ALL HOME OCCUPATIONS**

**CIRCLE ONE**

- |   |     |    |
|---|-----|----|
| 1. Will the home occupation be conducted in a primary dwelling?   | Yes | No |
| 2. Will an accessory building or structure be used in conjunction with the home occupation?   | Yes | No |
| 3. Are any other home occupations currently being operated from this location?  | Yes | No |
| 4. Outside storage is not permitted. Will any goods, products, equipment or other materials be stored on the property?<br>If yes, where? _____  | Yes | No |
| 5. Will there be the sale of goods or products and services not produced on premises?   | Yes | No |
| 6. Will a sign be placed on the property? If yes, describe (including size) _____   | Yes | No |
| 7. Will additional parking spaces be required?  | Yes | No |
| 8. Will additional volume of traffic be generated?  | Yes | No |
| 9. Will there be customers on site?   | Yes | No |
| 10. If family day care, how many children will be on site during a 24 hour period? _____  |     |    |
| 11. Will there be commercial delivery of materials and products to or from the premises?  | Yes | No |
| 12. Will the use increase demand on water and sewer services?   | Yes | No |
| 13. Will the equipment or processes of the business create excessive vibration, glare, fumes, odors<br>or electrical interference detectable to the normal senses off the premises or through common walls? | Yes | No |

**B. QUESTIONS SPECIFIC TO TYPE I OR TYPE II HOME OCCUPATIONS**

- |   |                         |    |
|---|-------------------------|----|
| 14. Square footage of business and storage areas  |                         |    |
| a. Total square footage of primary dwelling   | _____ sq feet           |    |
| b. Total square footage of business area  | _____ sq. ft/a = _____% |    |
| c. Total square footage of storage area   | _____ sq. ft/a = _____% |    |
| 15. Will any nonresident be employed onsite by the home occupation?   | Yes                     | No |
| 16. Will there be any vehicles parked on the property in conjunction with the home occupation?<br>If yes, type(s) _____ | Yes                     | No |

**IV. ALL APPLICANTS: PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW.**

I have read the Dinwiddie County Zoning Ordinance and am familiar with its provisions. I affirm that the information provided by me on this form is true and correct to the best of my knowledge. I agree to operate my business in conformance with all applicable laws and regulations, including those of Dinwiddie County.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**V. COUNTY APPROVAL**

The information on this application satisfies the Dinwiddie County Code zoning requirements with respect to business licenses.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

*Note: Any deviations, changes or revisions to the operation of the intended use not indicated on this form may void the zoning approval for this use. It is the responsibility of the property owner to notify the Dinwiddie County Planning Office of any changes to the business operation not noted on this form. Information for the zoning compliance checklist has been supplied by the permit applicant. Dinwiddie County will not be held responsible for inaccurate information provided by the permit applicant.*