

Part I (Please Print Clearly)

*Applicant must fill out Parts I, II, & III completely prior to processing Please allow 3-5 business days for processing

Applicant Name _____
 Business Name _____
 Physical Business Address _____ State _____ Zip Code _____
 Mailing Address _____ State _____ Zip Code _____
 Business Owner's/Manager's Name _____ Phone (____) _____
 Business Owner's Mailing Address _____ State _____ Zip Code _____
 Business Owner's Email Address _____ Mobile Phone (____) _____ Fax #(____) _____

Part II

State Contractor's Registration License # _____
 SS# _____ Federal ID# _____
 Nature of Business _____
 Date Business Established _____ Business Phone (____) _____
 ABC YES _____ NO _____ COIN MACHINES YES _____ NO _____
 Business Type: Individual _____ Partnership _____ Corporation _____
 Virginia Registered Agent _____
 Agent's Address _____ State _____ Zip Code _____

Part III TOWN OF BLACKSBURG CERTIFICATE OF ZONING/BUILDING COMPLIANCE

Check the appropriate blank(s):
 New Business _____ Home Occupation _____ Change of Address _____ Other _____
 Property Owner's Name _____
 Property Owner's Address _____ State _____ Zip Code _____
 Does this involve new construction? YES _____ NO _____ Or interior alterations? YES _____ NO _____
 If yes, did you obtain a Building Permit? YES _____ NO _____
 Has a Certificate of Occupancy been issued for the building? YES _____ NO _____
 If using an existing building what type of business was in the unit before you? _____
 Will you be refacing an existing sign? YES _____ NO _____ Or erecting new signs? YES _____ NO _____
 If yes, did you obtain a new Sign Permit? YES _____ NO _____
 How will refuse & grease (if applicable) be handled? _____

Part IV Official Use Only:

(____) Address Verification: Address _____
 Tax Parcel ID _____ Map _____
 (____) Water Programs: Location ID _____
 (____) Building Code Verification: Building Code change of use: NO CHANGE _____ APPROVED _____ DENIED _____
 Comments: _____
 (____) Zoning Ordinance Verification:
 Zoning Ordinance change of use: NO CHANGE _____ APPROVED _____ DENIED _____
 Pending Code Violations: NO _____ YES _____ Violation _____
 Comments: _____
 Sign Permit Obtained: NO _____ YES _____ Permit # _____ Date Approved _____
 Refuse and Grease handling provisions: ADEQUATE YES _____ NO _____ ADDITIONAL INFORMATION REQ'D _____
 (____) APPROVED, Business License Complies with Zoning District _____
 (____) APPROVED, for Home Occupation use with conditions (see Home Occupation Application) _____
 (____) DENIED, Reason _____

I agree to abide by the conditions of the Town of Blacksburg Zoning Ordinance. Failure to do so may be grounds to revoke this permit or future permits issued for this business activity. I have received a copy of the Home Occupation Use and Design Standards (for Home Occupations only).

Mastercard & VISA Accepted
 Card number _____ Exp Date _____

Applicant Signature _____ Date _____

Print Applicant Name _____

Planning and Building Signature _____ Date _____

WHITE - FINANCIAL SERVICES

CANARY- CUSTOMER

PINK - PLANNING AND BUILDING

revised 09/07/10

CONTRACTORS MUST SUBMIT LIABILITY INSURANCE CERTIFICATE