

Change of Business Address Form
TOWN OF BLACKSBURG CERTIFICATE OF ZONING
COMPLIANCE

To change the address of your business please complete the following information:
INCOMPLETE FORMS WILL NOT BE ACCEPTED

Name of Business _____ Nature/Type of Business _____
Contact Name & Business Phone Number _____
Business Owner name, address, & phone number _____

Old Business Address: _____ Zoning District _____

New Business Address: _____ Zoning District _____

Is the Business located on the ground floor? (Y ___ / N ___)

Home Occupation: (Y ___ / N ___)

If Home Occupation use continues, a new Home Occupation application must accompany this form.

For the new business location please complete the following:

Property Owner name, address, phone no: _____

Management Company (if applicable) _____

Management Company Address/Contact _____

Did your move involve new construction or interior alterations? (Y ___ / N ___) If yes, list changes: _____

Was a Building Permit issued for the interior alterations? (Y ___ / N ___)

If moving to an existing building, what use or type of business was there previously? _____

Business name: _____

Did you change the existing business sign, or erect a new sign? (Y ___ / N ___)

If yes, was a sign permit issued? (Y ___ / N ___) _____

How will cooking grease be handled? (if applicable) _____

How will refuse be handled? _____

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 Occupation Permits only).

Applicant Signature: _____ Date: _____

Official Use Only:

() ADDRESS VERIFICATION TAX PARCEL # _____

() Sign Permit # for New Building _____

() Building Code Change of Use: APPROVED _____ DENIED _____

Comments: _____

() Zoning Code Change of Use: APPROVED _____ DENIED _____

Comments: _____

() Pending Code Violation: _____ Corrected? (Y ___ / N ___) _____

() Refuse and Grease Handling Provisions ADEQUATE _____ ADDITIONAL INFORMATION REQ'D _____

() APPROVED Business License complies with Zoning District _____

() APPROVED as a Home Occupation with Conditions (see application) _____

() NOT APPROVED FOR THE FOLLOWING REASON(S): _____

_____ Date _____

Planning & Building Department Signature