



CITY OF BUENA VISTA

Zoning Verification for Home Occupation

CITY OF BUENA VISTA
 Office of Planning and Zoning
 2039 Sycamore Avenue
 Buena Vista VA 24416

Submission Date: _____

Fee: \$15.00

APPLICANT & LOCATION INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Email:		Phone:			
Tax Map Number:		Zoning:			

Note: if business is a partnership or corporation, Applicant must be a partner, member, or agent.

PROPERTY OWNER INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Phone:					

BUSINESS INFORMATION

Ownership Type:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability Company (LLC)
	<input type="checkbox"/> Partnership	<input type="checkbox"/> C-Corp
	<input type="checkbox"/> S-Corp	<input type="checkbox"/> Other:
Business Name:		
Employees and relationship:		
Business Headquarters, if different from home:		

BUSINESS INFORMATION	
General Description:	
Product(s) or Service(s) Offered:	
Describe all Customer, Client, and Delivery traffic volume and frequency:	
Days and Hours of Operation:	
Equipment, tools, etc. used for business:	
Describe any potential noise, vibration, exhaust, odors , or other business byproducts:	

SITE INFORMATION – Zoning administrator may require site sketch	
Location of business activities in home:	Percentage of home used for business:
Describe exterior storage of materials, tools, business vehicles, etc.:	
Describe provision of off-street parking, if required:	
Describe any proposed signage (Note: you must also submit a Sign Permit application):	

APPLICANT SIGNATURE			
Signature:		Date:	
Zoning Administrator:		Date:	
Staff Comments:			

Completed form must be approved by Zoning Administrator prior to issuance of business license. Submit form by email to troberts@bvcity.org or in person/by mail at City of Buena Vista, 2039 Sycamore Ave, Buena Vista VA 24416.