



DEPARTMENT OF PLANNING AND DEVELOPMENT REVIEW  
 DIVISION OF ZONING ADMINISTRATION  
 ROOM 110 CITY HALL  
 900 E. BROAD STREET  
 RICHMOND, VIRGINIA 23219  
 PHONE (804) 646-6340  
 FAX (804) 646-6948

# CERTIFICATE OF ZONING COMPLIANCE APPLICATION

PERMIT NO.  
**CZC-**

REVIEWER

TRACK 2

**THIS IS AN APPLICATION ONLY. IT IS NOT AUTHORIZATION FOR USE OF PREMISE. NO USE SHALL START UNTIL A CERTIFICATE IS ISSUED.**

**OWNER'S INFORMATION**

1 PROPERTY ADDRESS (STREET & NUMBER) \_\_\_\_\_ 2 FLOOR/ROOM NO. \_\_\_\_\_

3 PROPERTY OWNER'S NAME (PRINT CLEARLY) \_\_\_\_\_

4 PROPERTY OWNER'S ADDRESS/ZIP \_\_\_\_\_

5 PROPERTY OWNER'S OR AUTHORIZED AGENT SIGNATURE \_\_\_\_\_ 6 PROPERTY OWNER'S DAYTIME TELEPHONE NO. \_\_\_\_\_

7 DESCRIBE CURRENT STRUCTURE USE (IN DETAIL) IF CURRENTLY VACANT, INDICATE LAST USE & YEAR IT WAS LAST USED. \_\_\_\_\_

8 DESCRIBE PROPOSED STRUCTURE USE (IN DETAIL) \_\_\_\_\_

9 OWNERSHIP CHANGE  TENANT CHANGE  HOME OCCUPATION  NAME CHANGE  OTHER (SPECIFY) \_\_\_\_\_

**RESIDENTIAL USES**

ONE FAMILY  
 TWO FAMILY  
 THREE OR MORE FAMILY  
 NO. OF UNITS \_\_\_\_\_  
 CONDO UNIT  
 UNIT \_\_\_\_\_  
 BABY SITTING

**COMMERCIAL/INDUSTRIAL USES**

BANK/LOAN OFFICE  
 BEAUTY/BARBER SHOP  
 CLINIC (MEDICAL/DENTAL)  
 CONTRACTOR SHOP/STORAGE  
 FURNITURE STORE  
 GROCERY/CONVENIENCE STORE  
 W/FUEL SERVICE  
 HARDWARE OR APPLIANCE STORE  
 LAUNDRY/LAUNDROMAT/DRY CLEANER  
 MANUFACTURING FACILITY  
 NO. OF EMPLOYEES \_\_\_\_\_  
 MOTOR VEHICLE REPAIR/SALES/SERVICE  
 OFFICE  
 WHAT TYPE \_\_\_\_\_

PARKING AREA, LOT OR DECK  
 PAWN SHOP/PAYDAY/AUTO LOANS  
 PET SHOP/VETERINARY CLINIC  
 REPAIR SHOP  
 WHAT TYPE \_\_\_\_\_  
 RETAIL STORE/SHOP  
 SHOPPING CENTER  
 TRAVEL AGENCY  
 WAREHOUSE/STORAGE FACILITY  
 NO. OF EMPLOYEES \_\_\_\_\_  
 NO. OF COMPANY VEHICLES \_\_\_\_\_  
 OTHER (SPECIFY): \_\_\_\_\_

**PROPERTY INFORMATION**

12 SQUARE FOOTAGE TO BE USED \_\_\_\_\_ SQUARE FEET

13 ARE FLOOR PLANS ATTACHED?  
 YES  NO  
 IS A SITE PLAN ATTACHED?  
 YES  NO

14 NO. OF ON-SITE PARKING SPACES \_\_\_\_\_ PARKING SPACES

15 ARE PARKING SPACES LEASED OFF-SITE?  
 YES  NO  
 IF YES, ATTACH LEASE & SITE PLAN  
 \_\_\_\_\_ PARKING SPACES

**CONTACT INFORMATION**

16 APPLICANT'S NAME (PRINT CLEARLY) \_\_\_\_\_ 17 BUSINESS AND/OR TRADE NAME \_\_\_\_\_

18 APPLICANT'S ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

19 APPLICANT'S DAYTIME PHONE NO. \_\_\_\_\_ 20 APPLICANT'S FAX NO. \_\_\_\_\_ 21 APPLICANT'S EMAIL \_\_\_\_\_

22 APPLICANT'S SIGNATURE \_\_\_\_\_

23 CONTACT PERSON (IF DIFFERENT THAN APPLICANT) \_\_\_\_\_ 24 CONTACT PERSON DAYTIME PHONE NO. \_\_\_\_\_

25 CONTACT PERSON ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

26 DO YOU WANT TO BE CALLED TO PICK UP PERMIT WHEN ISSUED?  YES  NO NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**OFFICE USE ONLY**

ARTS DISTRICT  YES  NO HISTORICAL DISTRICT  YES  NO VIOLATION ON PROPERTY  YES  NO CASE NUMBER \_\_\_\_\_ CORRESPONDING CO \_\_\_\_\_

DELINQUENT TAXES DUE?  YES  NO AMOUNT OWED \$ \_\_\_\_\_ TAX MAP NO. \_\_\_\_\_

EXISTING USE GROUP \_\_\_\_\_ PROPOSED USE GROUP \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

PERMIT FEE \_\_\_\_\_ FEE RECEIVED \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_  CASH  CHECK  CREDIT CARD

APPLICATION APPROVED ON \_\_\_\_\_ DATE \_\_\_\_\_ ZONING ADMINISTRATOR \_\_\_\_\_ APPLICATION DISAPPROVED ON \_\_\_\_\_ DATE \_\_\_\_\_ ZONING ADMINISTRATOR \_\_\_\_\_

CONDITIONS \_\_\_\_\_ REASON FOR DENIAL \_\_\_\_\_

**THIS APPLICATION IS NOT A CERTIFICATE OF OCCUPANCY. THIS APPLICATION ONLY CERTIFIES COMPLIANCE WITH ZONING REGULATIONS AS REQUIRED BY SECTION 30-1020 OF THE CITY CODE.**

Home Occupation .....	\$75.00	Multi-family dwelling (more than 50 units) .....	\$500.00
Single-or-Two-family dwelling(s).....	\$75.00	Commercial or Industrial use (Equal to or less than 5,000 sq. ft.) .....	\$150.00
Private elementary or secondary school .....	\$75.00	Commercial or Industrial use (Greater to or more than 5,000 sq. ft.) ...	\$300.00
Church or other place of worship .....	\$75.00	Adult care residence or Lodging house.....	\$300.00
Day nursery or Adult day care facility.....	\$75.00	Uses not specified .....	\$200.00
Multi-family dwelling (3-10 units) .....	\$150.00	Building or structure which no building permit is required.....	\$25.00
Multi-family dwelling (11-50 units) .....	\$300.00	Portable storage unit.....	\$10.00

**RECORD OF ACTUAL FINAL ON-SITE CONDITIONS**

FOR OFFICE USE ONLY	AGENCY REVIEW ITEM DESCRIPTION	AGENCY	APPROVAL NUMBER	ACTION TAKEN	REVIEWER & DATE	COMMENTS
	DISTRICT/SUP/CUP/ MASTERPLAN/ NONCONFORMING	ZONING				
	PLAN OF DEVELOPMENT	LAND USE				
	HISTORIC APPROVAL/ URBAN DESIGN	COMPREHENSIVE				
	ROAD ACCESS	DPW				
	CHESAPEAKE BAY	P & E S				
	FIRE MARSHALL	FIRE				
	OTHER					

ZONING USE(S)	

PARKING	

**INSTRUCTIONS ON COMPLETING A CERTIFICATE OF ZONING COMPLIANCE (CZC) APPLICATION**

At the top right hand corner of the application are the capital letters "CZC". In this space your permit number will be hand-written by intake personnel after you have paid the application fee.

**Box #1** - Provide the address (number & street name) for the location of the use or business.

**Box #2** - Provide the space within the building where the use or business is going to be located. (NOTE: *To be used on applications where more than a single tenant/space/apt. exists.*)

**Box #3** - Provide the name of the owner of the property. (NOTE: *This may require the submittal of a recorded deed from the Circuit Court record room for newly purchased property.*)

**Box #4** - Provide the property owner's address, including zip code.

**Box #5** - Provide the property owner's, or owner's authorized agent's signature certifying the applicant's request is authorized.

**Box #6** - Provide the property owner's daytime telephone number.

**Box #7** - Indicate the current/existing use(s) of the property (i.e. - office, 2-family, restaurant, single-family, etc.)

**Box #8** - Indicate the proposed use(s) of the property (i.e. - office, 2-family, restaurant, single-family, etc.)

**Box #9 - OFFICE USE ONLY**

**Box #10-11** - Check the appropriate box that most closely indicates the use, including any additional information (i.e. - no. of units, no. of seats, type, etc.) requested.

**Box #12** - Provide the size of the space (in square feet) being used/occupied by the applicant.

**Box #13** - Check the appropriate box indicating if floor or site plans are provided, as applicable.

**Box #14** - Provide the number of parking spaces existing **ON** the site. (NOTE: *Do not include spaces provided off of the site, either on-the-street spaces or leased spaces.*)

**Box #15** - Check the appropriate box, as applicable, regarding leased parking spaces and include a lease and site plan for the leased spaces.

**Box #16** - Provide the applicant's name requesting the permit.

**Box #17** - Provide the business or trade name, if applicable. (NOTE: *This may require the filing of a trade name approval with the Circuit Court.*)

**Box #18** - Provide the address of the applicant(s) where the permit is to be mailed.

**Box #19** - Provide the applicant's daytime phone number in order that they may be contacted, if necessary.

**Box #20** - Provide the applicant's facsimile (FAX) number (if exists) in order that they may be contacted, if necessary.

**Box #21** - Provide the applicant's E-mail address (if exists) in order that they may be contacted, if necessary.

**Box #22** - Provide the applicant's, or applicant's authorized agent's signature.

**Box #23** - Provide the contact person's name, if different than the applicant.

**Box #24** - Provide the contact person's daytime phone number, if different than the applicant.

**Box #25** - Provide the contact person's complete address and zip code, if different than the applicant.

**Box #26** - Check the appropriate box whether or not you would like to be called to pick up the permit upon completion. If you check, "yes", provide the name and daytime phone number for the person wanting to pick-up the permit.

**Fees for the CZC application are provided at the top of the page. If your proposed use is not listed, or if you are unsure as to the fee, please contact the Zoning Administration Office.**