



Home Occupation

Zoning Approval Questionnaire

(To be completed by person applying for the Business License)

Name of Business: _____

Address of Business (Not P.O. Box): _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Name of Business License Applicant: _____

Is the Business a Partnership Yes _____ No _____

Name of Business Partner _____

Name of Business Partner _____

Provide a detailed description of Business Activities/Services Offered: _____

- 1. Is this a new request or a renewal for a home occupation? New _____ Renewal _____
- 2. Does the area of the home used for the business exceed more than one quarter (1/4) of one floor? Yes _____ No _____
- 3. Will the home be modified/alterd in any way to accommodate the business use? Yes _____ No _____
- 4. Do clients, students and/or employees come to work on the premises? Yes _____ No _____
- 5. Are commodities stored or sold that are not made on the premises? Yes _____ No _____
- 6. Will there be any business signs on the premises? Yes _____ No _____
- 7. Is the proposed use a childcare activity?
If yes, indicate the maximum number of children in the home during a twenty-four (24) hour period (not including children who reside at the location): Yes _____ No _____

Signature: _____

For Office Use

Tax Map Ref: _____ Zoning: _____

Zoning Approval for Above Business Yes _____ No _____

Signature: _____

Note: You may be required to provide proper identification verifying your residence/business address
Once complete, Return the form to the Department of Planning and Community Development
By mail to 135 N Union Street, Petersburg, VA 23803, or pcd@petersburg-va.org
For assistance, please call (804) 733-2308