

**County of Charles City**  
Department of Community Development  
10900 Courthouse Road  
PO Box 66  
Charles City, Virginia 23030  
(804) 652-4707  
(804) 829-5819 FAX  
[www.co.charles-city.va.us](http://www.co.charles-city.va.us)



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**NEW BUSINESS ZONING PERMIT**

**TO:** New Businesses in Charles City County  
**FROM:** Department of Community Development  
**RE:** Zoning Permit Required

**PLEASE READ:**

Any new businesses prior to operation in the County of Charles City must obtain a zoning permit. **If you are required to obtain a business license from the Charles City County Commissioner's Office, and the business location/address is in Charles City County then a Business Zoning Permit (BZP) is required. The BZP is a one-time permit and is valid so long as your business operates in Charles City County in the same location.** The zoning permit specifically authorizes and certifies that your business operation complies with the County's Zoning Ordinance. Please complete the form below and submit the application along with zoning fee as specified by Community Development staff to the above address. The business license and fee can be obtained through the Office of the Commissioner of Revenue (804-652-2161).

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**Charles City County Department of Community Development  
Zoning Permit Application for Commercial and Industrial Business**

Application No. \_\_\_\_\_  
Date Submitted \_\_\_\_\_  
Tax Map Id \_\_\_\_\_  
Amount \$ \_\_\_\_\_ CK# \_\_\_\_\_

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**Applicant**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

Property Information

Physical Address \_\_\_\_\_

(in Charles City County)

Tax Map \_\_\_\_\_

Subdivision (if applicable): \_\_\_\_\_

Zoning District of Business Location: \_\_\_\_\_ (County will provide)

Describe in detail the type of business operation:

Number of employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part time

Hours of operation: \_\_\_\_\_

Type and Number of machinery/tools involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have an approved site plan for the business location: \_\_\_\_\_ Yes \_\_\_\_\_ No

If the business is in a residential structure a Change of Use application is required from the Building Official. The Building Official shall conduct a Courtesy Inspection for Life/Safety issues (Illuminated Exit signs, Fire Extinguisher, Occupancy Load, etc.)

Will a sign be placed on the property: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, a sign permit is required prior to opening for business.

Number of Signs: \_\_\_\_\_ Sizes (sq. ft.): \_\_\_\_\_

Number of off-street parking spaces: \_\_\_\_\_

Has the Building Official issued a Certificate of Occupancy: \_\_\_\_\_ Yes \_\_\_\_\_ No

Attach a copy of the Certificate of Occupancy.

Existing use of building (if previously occupied): \_\_\_\_\_

Proposed use of building: \_\_\_\_\_

Does business entrance/drive connect to public road: \_\_\_\_\_ Yes \_\_\_\_\_ No

Total Floor area of business: \_\_\_\_\_ sq. ft.

Total floor area of any accessory structure(s): \_\_\_\_\_ sq. ft.

If Applicable, you will need to supply a Health Department Permit for the New Business – If so, required a copy should be attached to this application.

I/We have read this completed application, understand its intent, and freely consent to its filing. The information provided is accurate to the best of my/our knowledge. I understand that the County may approve, conditionally approve, or deny the request for which I am applying. Furthermore, I grant permission to the Department of Community Development and other authorized government agents to enter the property and make such investigations as they deem necessary to evaluate the request. I further certify all information provided is true and accurate. I understand approval of the permit shall expire if the business is not in operation within 6-months of the date of this permit's approval.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If different than applicant)

Zoning District: \_\_\_\_\_

Required Setbacks (feet): \_\_\_\_\_ Front \_\_\_\_\_ Side \_\_\_\_\_ Rear

Conforming: Existing Use \_\_\_\_\_ Yes \_\_\_\_\_ No  
Proposed Use \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments/Conditions:

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Approved: \_\_\_\_\_  
Zoning Administrator

Date: \_\_\_\_\_

Completed applications should be returned to the Department of Community Development, 10900 Courthouse Road, Charles City, VA 23030 with the application fee. Checks should be made out to *Charles City County Treasurer*.  
Please note: **No business may commence operation prior to zoning permit approval.**