

TEMPORARY BUSINESS APPLICATION
For administrative review under the Zoning Ordinance

Please complete all applicable sections of the application form. An incomplete form will be returned to the applicant. A fee of \$100.00 must be submitted with each application.

1. Property Information

Address: _____

Primary Commercial Use: _____

Tax Map Reference: _____

Zoning: C Commercial R-C Residential Commercial

2. Application Information

Applicant Name: _____

Address: _____

Phone: _____

Business Name: _____

Nature of Business: _____

3. Number and location of existing parking spaces:

4. Means of Ingress/Egress:

5. Start and end dates

Temporary businesses shall not operate for more than 180 days per calendar year

Start date: _____

End date: _____

6. Are there any structures or signage associated with the temporary business?

Yes

No

(THIS SECTION TO BE COMPLETED BY COUNTY STAFF)

Case Number _____

Submittal Date _____

Zoning Approval _____

Date _____

Date of pre-application meeting _____

APPLICANT AFFIDAVIT

I, _____ (business owner), being duly sworn, declare that all the statements contained within this application are true.

Signature

Date

Subscribed and sworn to before me this _day of ____, _____, in the
City/County of _____, Virginia.

Notary Public

Commission Expiration

PROPERTY OWNER AFFIDAVIT

I, _____(property owner), being duly sworn,
consent to allow _____(business owner) to operate a temporary
business on my property in accordance with the attached application. Consent includes granting the
applicant and their customers the right to access my property to patronize the temporary business.

Property Owner’s Signature

Date

Subscribed and sworn to before me this _day of ___, _____, in the
City/County of _____, Virginia.

Notary Public