

Applicant must fill out Parts I, II, & III completely prior to processing. Please allow 7-10 business days for processing.

**Part I (Please Print Legibly)**

Applicant Name \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Physical Business Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Owner's/Manager's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Owner's Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Owner's Email Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Part II**

Federal ID # \_\_\_\_\_ Nature of Business \_\_\_\_\_  
 State Contractor's License # (if applicable) \_\_\_\_\_  
 Date Business Established \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
 ABC  NO  YES COIN MACHINES  NO  YES  
 Business Type: Individual  Partnership  Corporation  Other

**Part III Town of Blacksburg Certificate of Zoning/Building Compliance**

Check all that apply:  
 New Business  Home Occupation  New Ownership  Other   
 Property Owner's Name \_\_\_\_\_  
 Property Owner's Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Does this involve new construction? YES  NO  Or interior alterations? YES  NO   
 If yes, did you obtain a building permit? YES  NO   
 Has a Certificate of Occupancy been issued for the building? YES  NO  \*Note: You do NOT need to provide a copy  
 If using an existing building, what name and type of business was in the unit before you? \_\_\_\_\_  
 Will you be refacing an existing sign? YES  NO  Or erecting a new sign? YES  NO   
 If yes, did you obtain a sign permit? YES  NO   
 How will refuse and grease (if applicable) be handled? \_\_\_\_\_

**PART IV OFFICIAL USE ONLY**

(\_\_\_\_) Address Verification: Address \_\_\_\_\_  
 Tax Parcel ID \_\_\_\_\_ Map \_\_\_\_\_  
 (\_\_\_\_) Water Programs: Location ID \_\_\_\_\_  
 (\_\_\_\_) Building Code Verification: Building Code change of use: NO CHANGE  APPROVED  DENIED   
 Comments: \_\_\_\_\_  
 (\_\_\_\_) Zoning Ordinance Verification:  
 Comments: \_\_\_\_\_  
 Sign Permit Obtained: NO  YES  Permit # \_\_\_\_\_ Date Approved \_\_\_\_\_  
 (\_\_\_\_) APPROVED, Business License Complies with Zoning District \_\_\_\_\_  
 (\_\_\_\_) APPROVED, for Home Occupation use the conditions (see Home Occupation Application)  
 (\_\_\_\_) DENIED, Reason \_\_\_\_\_

I agree to abide by the conditions of the Town of Blacksburg Zoning Ordinance. Failure to do so may be grounds to revoke this permit or future permits issued for this business activity. I have received a copy of the Home Occupation Use and Design Standards (for Home Occupations only).

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Applicant Name \_\_\_\_\_  
 Planning and Building Signature \_\_\_\_\_ Date \_\_\_\_\_

All Major Credit Cards Accepted

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

CONTRACTORS MUST SUBMIT LIABILITY INSURANCE CERTIFICATE