

Roanoke County Business License Zoning Compliance Checklist

For Business License Review Purposes Only



Date: _____

Permit Number: _____

Zoning Use Type: _____

(A) All Applicants

Business Type: Commercial Business or Home Occupation

Business Name: _____

Physical Address: _____

Tax Map Number: _____ Zoning District: _____

Property Owner: _____ Phone Number: _____

Applicant (if not owner): _____ Phone Number: _____

Applicant Email Address: _____

Please provide a detailed description of the proposed business activities. You may attach additional pages with this form if needed:

(B) Commercial Business Applicants Only

Existing Use: _____

Proposed Use: _____

1. Has a Certificate of Occupancy been issued by Development Services? Yes / No

CO Permit #: _____

(Attach a copy of the Certificate of Occupancy. If one does not exist, it will need to be requested and purchased)

2. Will there be any alterations? (structural, electrical, plumbing, mechanical, or accessibility) Yes / No

3. Will a sign be placed on the property? (If yes, a sign permit is required) Yes / No

(C) Home Based Business Applicants Only

Total finished sq. ft. of house:	
Sq. ft. of business area: <i>include accessory structure if applicable</i>	
Percentage:	

Maximum Allowances:

Type I: Max 10% of finished floor area, or 250 sq. ft.

Type II: Max 25% of finished floor area, or 500 sq. ft.

Will there be additional employees of the home occupation, not including the permanent residents of the dwelling? If yes, how many? _____	Yes / No
Will additional volume of traffic be generated?	Yes / No
Will additional parking spaces be required?	Yes / No
Will there be any vehicles and/or trailers parked on the property in conjunction with the home based business? Type: _____	Yes / No
Will there be any outside storage of goods, products, equipment or other materials?	Yes / No
Will the use be conducted before 7:00 a.m. or after 10:00 p.m.?	Yes / No
Will a sign be placed on the property?	Yes / No
Will there be any alterations to the dwelling or accessory structure for the home based business?	Yes / No
Have you read Section 30-82-3 of Roanoke County Code which details the use and design standards for Home Occupations, and do you agree to abide by the applicable regulations?	Yes / No

If this home occupation is for a home beauty/barber salon, pet grooming or pet breeding, additional use and design standards apply.

(D) All Applicants and Staff

It is the responsibility of the property owner to notify the Roanoke County Planning Department of any changes to the business operation not noted on this form. Any deviations, changes, or revisions to the operation of the intended use not indicated on this form may void the zoning approval for this use. Information for the zoning compliance checklist has been supplied by the applicant. Roanoke County will not be held responsible for inaccurate information on this application.

Applicant Signature: _____ Date: _____

All standards have been met, and the business license is acceptable per zoning review:

Staff Signature: _____ Date: _____

Additional Notes: