

**Commissioner of the Revenue  
City of Charlottesville**  
605 E. Main Street, Room A130  
P O Box 2964  
Charlottesville, VA 22902-2964  
Phone: 434-970-3160  
Fax: 434-970-3663



## BUSINESS LICENSE APPLICATION FOR ZONING APPROVAL

\_\_\_\_\_ Phone \_\_\_\_\_  
Legal Name

\_\_\_\_\_  
Trade Name

\_\_\_\_\_  
Business Location

\_\_\_\_\_  
Mailing Address

*Brief Description of Business:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Will a new sign be erected at the above business location? \_\_\_\_\_  
Call 970-3182.

2. Is the building located in an architectural design control district? \_\_\_\_\_

3. If yes, will there be any changes made to the exterior of the building? \_\_\_\_\_  
If yes, contact Building & Life Safety for building permits, 970-3310.

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*Inspectors Comments:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning Approval _____
Building Inspections Approval _____

\_\_\_\_\_ Date Signature of Applicant or his Agent