



COUNTY OF FREDERICK, VA

Zoning Review for a Business License – Commercial/Industrial Businesses

Check to indicate purpose of the Zoning Review:
Initial License Application OR
Existing Business Change of Location – Current BL Account No.:

Please provide the following information about your business. It is important that all of the requested information is provided completely to ensure accurate review by the Planning Department staff.

Applicant Name: Telephone #
Street Address of Business (provide actual physical location of the business)
Owner(s) of Property (if different than applicant):
Business/Trade Name:
Description of Business:

Businesses located within a commercial or industrial zoning district are required to have an approved site plan on file with the Planning Department. Please answer the following:

- 1. Is this an existing business or a new business: Existing New
2. Will any new construction or alterations to the property be necessary: Yes No
3. Will any new or revised signage on the property be necessary: Yes No
4. Is this property located within an existing shopping center or industrial park? Yes No
a. Name of center/park:
5. Does this property have an approved Site Plan: Yes No Site Plan #

By signing and submitting this form to the Planning Department, the applicant declares, under penalty of perjury, that the provided information is true, complete, and correct to the best of his/her knowledge and belief, and that he/she is the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.

SIGNATURE: PRINT NAME:
TITLE/CAPACITY FOR SIGNING: DATE:

\*The owner must sign this form. If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership limited liability company, or corporation to sign.

This approval is based solely on the information provided herein. If such information should be proven inaccurate at a later date, approval will be considered invalid.

Please do not write below this line – For Planning Department Staff review only

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PROPERTY IDENTIFICATION # (PIN): ZONING DISTRICT:
Record Number:
Based upon the information provided by the applicant, is the proposed business permitted in the above-referenced location: YES NO
STAFF SIGNATURE: DATE