



# CITY OF BUENA VISTA

## Zoning Verification for Home Occupation

**CITY OF BUENA VISTA**  
 Office of Planning and Zoning  
 2039 Sycamore Avenue  
 Buena Vista VA 24416  
 (540) 261-8607

Submission Date: \_\_\_\_\_

### APPLICANT & LOCATION INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Phone:					
Tax Map Number:		Zoning:			

### PROPERTY OWNER INFORMATION

Name:					
Address:					
City:		State:		Zip:	
Phone:					

### BUSINESS INFORMATION

Ownership Type:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability Company (LLC)	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> C-Corp	
	<input type="checkbox"/> S-Corp	<input type="checkbox"/> Other:	
Federal Tax Number:		State Tax Number	
Employees and relationship:			
Business Name:			

**BUSINESS INFORMATION**

General Description:

Product(s) or Service(s) Offered:

Describe all Customer, Client, and Delivery traffic volume and frequency:

Days and Hours of Operation:

Equipment, tools, etc. used for business:

Describe any potential **noise, vibration, exhaust, odors**, or other business byproducts:**SITE INFORMATION – Zoning administrator may require site sketch**

Location of business activities (main building/accessory):

Main building square feet:

Percentage of business use:

Home occupation square feet:

Describe exterior storage of materials, tools, business vehicles, etc.:

Describe provision of off-street parking, if required:

Describe any proposed signage (Note: you must also submit a Sign Permit application):

**APPLICANT SIGNATURE**

Signature:

Date:

Zoning Administrator:

Date:

**Staff Comments:**