Home Occupation
Zoning Approval Questionnaire
(To be completed by person applying for the Business License)

Name of Business: ________________________________
Address of Business (Not P.O. Box): ________________________________
City: ___________________ State: ___________ Zip Code: ___________
Phone Number: ________________________________
Name of Business License Applicant: ________________________________
Is the Business a Partnership: ________________
Name of Business Partner: ________________________________
Name of Business Partner: ________________________________
Provide a detailed description of Business Activities/Services Offered: ________________________________

1. Is this a new request or a renewal for a home occupation?  New ______ Renewal ______
2. Does the area of the home used for the business exceed more than one quarter (1/4) of one floor?  Yes ______ No ______
3. Will the home be modified/ altered in any way to accommodate the business use? Yes ______ No ______
4. Do clients, students and/or employees come to work on the premises? Yes ______ No ______
5. Are commodities stored or sold that are not made on the premises? Yes ______ No ______
6. Will there be any business signs on the premises? Yes ______ No ______
7. Is the proposed use a childcare activity? Yes ______ No ______
   If yes, indicate the maximum number of children in the home during a twenty-four (24) hour period (not including children who reside at the location):

Signature: ________________________________

For Office Use

Tax Map Ref: ________________________________ Zoning: ________________________________
Zoning Approval for Above Business Yes ______ No ______
Signature: ________________________________

Note: You may be required to provide proper identification verifying your residence/business address
Once complete, Return the form to the Department of Planning and Community Development
By mail to 135 N Union Street, Petersburg, VA 23803, or pcd@petersburg-va.org
For assistance, please call (804) 733-2308