



CITY OF BUENA VISTA

Zoning Verification for Business License/Non-Residential Use

CITY OF BUENA VISTA
Office of Planning and Zoning
2039 Sycamore Avenue
Buena Vista VA 24416

Submission Date: _____

Fee: \$15.00

APPLICANT INFORMATION

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

PROPERTY OWNER INFORMATION

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

PHYSICAL LOCATION OF PROPERTY

Address:					
If none, describe location:					
Tax Map Number:		Zoning:			

DESCRIPTION OF USE

Zoning Code Reference:

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ORGANIZATION 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:		
Entity Name:					
Business Physical Address (Headquarters):					
City:		State:		Zip:	
Business Mailing Address (Headquarters):					
City:		State:		Zip:	
Phone:					

ORGANIZATION INFORMATION – Partners/Registered Agents if Partnership or Corporation	
Name	
Address	
Name	
Address	
Name	
Address	

APPLICANT SIGNATURE			
Printed Name:		Title:	
Signature:		Date:	
Zoning Administrator:		Date:	
Staff Comments:			

Completed form must be approved by Zoning Administrator prior to issuance of business license or commencement of use. Submit form by email to troberts@bvcity.org or in person/by mail at City of Buena Vista, 2039 Sycamore Ave, Buena Vista VA 24416.