



CUMBERLAND COUNTY
 DEPARTMENT OF PLANNING & ZONING
 P.O. Box 110 ~ Cumberland, Virginia 23040
 (804) 492-3520 ~ Fax: (804) 492-3697

NEW BUSINESS QUESTIONNAIRE FOR ZONING

Tax Map Number: _____ **Zoned:** _____ **Acreage:** _____

Name and current address of applicant: _____ _____	Phone: _____
Business Name: _____	Structure(s) on property of business: _____
Nature of Business: _____	
Please answer all questions:	
1. Will the applicant be residing in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. From the outside of the premises will it be obvious that a business is at the residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Will there be employees coming to the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Will there be customers coming to the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby certify that:

- I have the authority to complete the foregoing application,
- The statements are true and correct, and
- I understand if any changes are made to the use or structures of this property, additional review or permits may be required at that time.

 Printed Name of Applicant or Authorized Agent

 Signature of Applicant

 Title of Applicant or Authorized Agent

 Date

◆ ◆ FOR OFFICE USE ONLY ◆ ◆

 Zoning Administrator

 Date

<input type="checkbox"/> No Zoning Permit is required.	<input type="checkbox"/> Zoning Permit is required; see attached.
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