



Business License Zoning Verification

Permit #

Date

Business/Trade Name

Business Address

Tax Map #

Business Owner

Business Owner Address

City

State

Zip Code

Phone #

Cell #

Email Address

Applicant Name (if different)

Relationship to Property Owner

Owner

Contractor

Agent

Design Professional

Applicant Address

City

State

Zip Code

Phone #

Cell #

Email Address

Detailed
Description of
business activities

I understand that all applications for permits, along with all additional required information, must be provided to the Permit Center prior to processing of this application. All information submitted will be reviewed prior to issuance of a permit. Should information be missing or additional information be required, the review process may be delayed. I also understand that I am required to conform to all applicable requirements of the Virginia Uniform statewide Building Code, the Zoning Ordinance for the City of Roanoke and all other applicable laws and ordinances.

Initial Here

Planning Building & Development 215 Church Ave., SW, Room 170 Roanoke, VA 24011

Phone: (540) 853-1090 www.roanokeva.gov permitcenter@roanokeva.gov