



CERTIFICATE #: COB-_____

DATE SUBMITTED: _____

Rouss City Hall
 15 North Cameron Street
 Winchester, VA 22601
 (540) 667-1815
 TDD (540) 722-0782

CERTIFICATE OF BUSINESS (COB)

BUSINESS INFORMATION AND DESCRIPTION:	
APPLICANT NAME: _____	TELEPHONE: _____
EMAIL: _____	FAX: _____
BUSINESS ADDRESS: _____	
BUSINESS NAME: _____	
TYPE OF BUSINESS: _____	
PREVIOUS USE OF BUILDING/TENANT SPACE: _____	
PLEASE DESCRIBE IN DETAIL THE SCOPE OF THE BUSINESS ACTIVITY:	

Will there be any of the following alterations, modifications or repairs to the property?		
Interior or exterior modifications (e.g. – new interior walls, building additions, demolitions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:
Installation or replacement of plumbing and/or mechanical equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:
Installation or replacement of electrical systems, connections, fixtures, or wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:
Any other building alterations not covered above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:

Please note that if your proposal includes a change of use from the previous use of the space, then a building permit, trade permit, and/or change of use permit may be required to ensure compliance with the Virginia Uniform Statewide Building Code (VUSBC). If the space presently does not conform to code requirements, then alterations to the structure may be required prior to occupancy to ensure compliance with the VUSBC.

APPLICANT SIGNATURE REQUIRED

I, the undersigned, certify that I have the legal authority to file this application and will comply with Winchester City Code and the Zoning Ordinance pertaining to the operation of the proposed business.

NOTE: Any deviations, changes or revisions to the operation of the intended use not indicated on this form may void the zoning approval for this use. It is the responsibility of the business owner(s) to notify the Winchester Zoning & Inspections Office of any changes to the business operation not noted on this form. The City of Winchester will not be held responsible for inaccurate information provided by the permit applicant.

Signature:	Date:
Printed Name:	

FOR OFFICE USE ONLY

Building Official Review:	Date:
<i>The VUSBC use group classification for the proposed use is:</i>	
<i>This proposal constitutes a change of use via the VUSBC?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Are any building, trade or change of use permits required?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Zoning Administrator:	Date:
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Approved: **Approved with Conditions:** **Denied:**

SECTION TO BE COMPLETED BY ZONING ADMINISTRATOR:

By Right Use(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Zoning District: _____
Conditional Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Conditional Use Permit #: _____
Historic District: <input type="checkbox"/> Yes <input type="checkbox"/> No	CE District: <input type="checkbox"/> Yes <input type="checkbox"/> No
Nonconforming Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Site Plan Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Site Plan #: _____

	Ordinance Section	Type of Proposed Use
Permitted Use		
Ordinance Section(s):		

Conditions of Approval:
