



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:

Structure(s) on property of business:

Business Name:

Nature of Business:

Please answer all questions:

1. Will the applicant be residing in the home?
 Yes No
2. From the outside of the premises will it be obvious that a business is at the residence?
 Yes No
3. Will there be employees coming to the home?
 Yes No
4. Will there be customers coming to the home?
 Yes 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

No Zoning Permit is required.

Zoning Permit is required; see attached.