



CITY OF HARRISONBURG  
**COMMUNITY  
DEVELOPMENT**

**ZONING & BUILDING  
FORM**

For Business License Review

This form must be completed before applying for a Business License Application from the Commissioner of Revenue's Office. You must first check with the Department of Community Development at 540-432-7700, [permits@harrisonburgva.gov](mailto:permits@harrisonburgva.gov) or at City Hall, 409 South Main Street, 2<sup>nd</sup> Floor, to inquire whether:

- a) The use is allowed, per the zoning district; and
- b) The appropriate Certificate of Occupancy has been issued;

Completing this form and obtaining a business license may not constitute all the necessary approvals needed to begin business operations. This form only acknowledges that a use is allowed by the Zoning Ordinance at the specified location. There may be additional zoning, building code, and other requirements that need to be addressed prior to beginning operations. Please read all the notes provided on the form carefully.

In addition to completing this form, applicants are encouraged to speak with staff to discuss any planned modifications to the building and property prior to making modifications.

**Note:** If the business license is for a home-based business, please complete the Home Occupation Permit application instead. <https://www.harrisonburgva.gov/home-occupation-permit>

**PROPERTY INFORMATION**

Property Address: \_\_\_\_\_

What was the previous business or use of the property (if known)? \_\_\_\_\_

**BUSINESS OWNER**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address (if different from property address) \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**APPLICANT, IF DIFFERENT THAN BUSINESS OWNER**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address (if different from property address) \_\_\_\_\_ E-Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**BUSINESS INFORMATION**

Name of business: \_\_\_\_\_

Nature of business (What do you do? Please be specific.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY ZONING DIVISION**

ZONING DISTRICT: \_\_\_\_\_ SHEET: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TITLE \_\_\_\_\_

**TO BE COMPLETED BY BUILDING DIVISION**

EXISTING CERTIFICATE OF OCCUPANCY: YES ☐ NO ☐

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ TITLE \_\_\_\_\_

**DISCLAIMER STATEMENT**

The above zoning and building information contained herein is believed to be accurate and is based upon or relates to the information supplied by the applicant. There may be other local, state, or federal regulations regarding building or health code issues that are beyond the scope of this information. The City of Harrisonburg assumes no liability for errors and omissions.