



COUNTY OF FREDERICK, VA

Zoning Review for a Business License – Commercial/Industrial Businesses

Check to indicate purpose of the Zoning Review:
___ Initial License Application OR
___ Existing Business Change of Location – Current BL Account No.: _____

Please provide the following information about your business. It is important that all of the requested information is provided completely to ensure accurate review by the Planning Department staff. Incomplete applications may not be reviewed or approved. If you have any questions about this form or the zoning regulations of Frederick County, please contact the Planning Department at (540) 665-5651. Approval of this form is required prior to issuance of a business license by the Commissioner of the Revenue.

Applicant Name: _____ Telephone # _____
Street Address of Business (provide actual physical location of the business – this address may be different from the mailing address): _____
Owner(s) of Property (if different than applicant): _____
Business/Trade Name: _____
Description of Business: _____

Businesses located within a commercial or industrial zoning district are required to have an approved site plan on file with the Planning Department. Please answer the following:

- 1. Is this an existing business or a new business: Existing _____ New _____
2. Will any new construction or alterations to the property be necessary: Yes _____ No _____
3. Will any new or revised signage on the property be necessary: Yes _____ No _____
4. Is this property located within an existing shopping center or industrial park? Yes _____ No _____
a. Name of center/park: _____
5. Does this property have an approved Site Plan: Yes _____ No _____ Site Plan # _____

By signing and submitting this form to the Planning Department, the applicant declares, under penalty of perjury, that the provided information is true, complete, and correct to the best of his/her knowledge and belief, and that he/she is the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.

SIGNATURE: _____ PRINT NAME: _____
TITLE/CAPACITY FOR SIGNING: _____ DATE: _____

*The owner must sign this form. If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership limited liability company, or corporation to sign.

This approval is based solely on the information provided herein. If such information should be proven inaccurate at a later date, approval will be considered invalid.

Please do not write below this line – For Planning Department Staff review only

PROPERTY IDENTIFICATION # (PIN): _____ ZONING DISTRICT: _____
Record Number: _____
Based upon the information provided by the applicant, is the proposed business permitted in the above-referenced location: YES _____ NO _____
STAFF SIGNATURE: _____ DATE _____