



Department of Planning and Zoning
 Town of Vienna, Virginia
 127 Center St. South
 Vienna, VA 22180
 Phone: 703-255-6341 | Email: DPZ@viennava.gov
 Hours: Monday – Friday, 8:00 am - 4:30 pm

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|------------------------|
| OFFICE USE ONLY |
| MUNIS No.: _____ |

COMMERCIAL CERTIFICATE OF OCCUPANCY APPLICATION

A Certificate of Occupancy is required before any business begins operations in the Town of Vienna. A new Certificate of Occupancy is required when there is a change in the use of an existing building, business ownership, business name or location.

SUBMISSION REQUIREMENTS

- Complete application for Commercial Occupancy. Not all sections of this application apply to all businesses, however, failure to provide complete information will delay the issuance of the Certificate and operation of the proposed business.
- Submitted application for a Town of Vienna Business License. Certificates of Occupancy will not be issued without the completion of the Business Application process, including the payment of all fees.
- Complete Wastewater Discharge Questionnaire. Portions of the questionnaire are not applicable to some business-types and N/A may be entered into the non-applicable fields.
- Fees paid in accordance with current Town of Vienna Fee Schedule.
- All building permit, exterior modification review and sign review completed through Fairfax County and the Town of Vienna.

PROPOSED BUSINESS

Business Name (DBA): _____

Proposed Address: _____ Unit No.: _____

Parcel ID: _____ Zoning: _____

Business Type/Use: _____

Business Hours: _____

Max. No. Employees: _____ Sublease? Yes/ No Lessor: _____

Massage Services: Yes/ No Restaurant? Yes/ No No. Seats: _____

APPLICANT CONTACT

Business Contact: _____ Title: _____

LLC/Corporation: _____

Mailing Address: _____

Email: _____ Phone: _____

BUSINESS NAME: _____ **ADDRESS:** _____

BUILDING/UNIT DETAILS

Total GFA: _____ sq. ft. Previous Use: _____

Development Name: _____ Dedicated Parking Spaces: _____

BUILDING PERMITTING, SIGNS & EXTERIOR MODIFICATIONS

Yes/ No Is interior tenant fit-out proposed which requires a building permit through Fairfax County?

Yes/ No Are exterior modifications proposed to the building?

Yes/ No Is signage proposed for this business (new or refaced)?

PROPERTY OWNER/MANAGER SIGNATURE

Owner/Manager Name: _____

LLC/Corporation: _____

Address: _____

State & Zip: _____

Email: _____ Phone: _____

I, the owner/property manager of the building/condo unit, give permission to the business owner to use the tenant space for the proposed use detailed on this form. **Acknowledged**

Signature: _____ Title: _____ Date: _____

APPLICANT SIGNATURE

No certificate of occupancy will be issued until after all required permits have been properly issued and a final inspection shall be performed by Town of Vienna staff to ensure that all construction is in accordance with the approved plans, drawings and building elevations by the various boards and commissions of the Town of Vienna.

Acknowledged

It is understood that this Certificate of Occupancy does not take place of any other license that may be required by law nor does it confer the right to erect signs. **Acknowledged**

Applicant Signature: _____ Date: _____

BUSINESS NAME: _____ **ADDRESS:** _____

WASTEWATER DISCHARGE QUESTIONNAIRE

This form is required for all applicants for Certificates of Commercial Occupancy. Sections not applicable to your business should be marked with "n/a". Questions about the requirements of this form should be directed to the Town of Vienna Department of Public Works.

Part A:

Return Completed Questionnaire by: _____

Date Discharge to Commence: _____

A1. Business Name: _____

Property Address: _____

Legal Description: _____ Zoning: _____

Business Contact: _____ Title: _____

Address: _____

State & Zip: _____

Email: _____ Phone: _____

A2. Standard industrial classification (sic) code(s) or expected classification (if known):

 N/A

A3. Wastewater flow in gallons per quarter (may use water consumption):

 N/A

A4. Type and concentrations (or mass) of pollutants contained in discharge (see back of form):

 N/A

A5. Major products manufactured or services supplied if pollutant constitutes in discharge are not known:

 N/A

A6. Description of existing on-site pretreatment facilities and practices:

 N/A

I certify that the information contained in this questionnaire is true, correct, and accurate to the best of my knowledge. I am aware that there are substantial penalties for reporting false information.

Applicant Signature: _____ Date: _____