



# Application for Rezoning

Complete this application in its entirety and submit pages 4 and 5 along with the required materials (including any required supplements) as listed on page 2 to the address below:

City of Hampton  
Community Development Department, Planning Division  
22 Lincoln Street, 5th Floor  
Hampton, Virginia 23669

OFFICE USE ONLY  
Date Received:

**RECEIVED**

OCT 20 2015

**PLANNING DEPT.**

Case Number: RZ 15-00005

### 1. PROPERTY INFORMATION

Address or Location 694 Greenbriar Ave., VAC Lot 690 BLK Greenbriar  
1003846 ; (Lots 24 & 25)  
 LRSN 1003845 ; (Lots 22 & 23) District C-3 Proposed Zoning District R-9  
 Current Land Use Vacant  
 Proposed Land Use Single Family

The proposed use will be in:  an existing building  a new addition  a new building

### 2. PROPERTY OWNER INFORMATION (an individual or a legal entity may be listed as owner)

Owner's Name Richardson Contracting, Inc.  
 Address 3500 B Kecoughtan Road City Hampton State VA Zip 23661  
 Phone (757) 723-3073 Email richardsoncontracting@verizon.net

### 3. APPLICANT INFORMATION (if different from owner)

Applicant's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

### 4. APPLICANT AGENT INFORMATION (if different from applicant)

Agent's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**5. CERTIFICATION FOR LEGAL ENTITY PROPERTY OWNERS**

Complete this section only if the property owner is **not** an individual but rather a legal entity such as a corporation, trust, LLC, partnership, diocese, etc. as specified in Step 2 above.

"I hereby submit that I am legally authorized to execute this application on behalf of the fee-simple owner of this property. I have read this application and it is submitted with my full knowledge and consent. I authorize city staff and representatives to have access to this property for inspection. The information contained in this application is accurate and correct to the best of my knowledge."

Name(s), title(s), signature(s), and date(s) of authorized representative(s) of the legal entity (attach additional page if necessary):

Name of Legal Entity \_\_\_\_\_

Signed by:

Name (printed) \_\_\_\_\_, Its (title) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_, Its (title) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_, Its (title) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**6. CERTIFICATION FOR INDIVIDUAL PROPERTY OWNERS**

Complete this section only if the property owner is an individual or individuals.

"I hereby submit that I am the fee-simple owner of this property. I have read this application and it is submitted with my full knowledge and consent. I authorize city staff and representatives to have access to this property for inspection. The information contained in this application is accurate and correct to the best of my knowledge."

Name(s), signature(s), and date(s) of owner(s) (attach additional page if necessary):

Name (printed) Charlie Richardson, Jr.

Signature *Charlie Richardson Jr.* Date 10-16-15

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY

Application Form

Narrative Statement

Proffer Statement

Application Fee

Survey Plat

Additional materials (if required)



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Case Number: RZ 15-00005

**1. PROPERTY INFORMATION**

Address or Location 692 Greenbriar Ave.

LRSN 1003847; Lots 26 & 27 District C-3 Proposed Zoning District R-9

Current Land Use Vacant

Proposed Land Use Single Family

The proposed use will be in:  an existing building  a new addition  a new building

**2. PROPERTY OWNER INFORMATION (an individual or a legal entity may be listed as owner)**

Owner's Name Charlie Richardson, Jr.

Address 3500 B Kecoughtan Rd. City Hampton State VA Zip 23661

Phone 757-723-3073 Email richardsoncontracting@verizon.net

**3. APPLICANT INFORMATION (if different from owner)**

Applicant's Name \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

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Agent's Name \_\_\_\_\_

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

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Name(s), title(s), signature(s), and date(s) of authorized representative(s) of the legal entity (attach additional page if necessary):

Name of Legal Entity Richardson Contracting, Inc.

Signed by: Name (printed) Charlie Richardson, Jr., Its (title) President

Signature Charlie Richardson, Jr. Date 10-16-15

Name (printed) \_\_\_\_\_, Its (title) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_, Its (title) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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