



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

SEP 10 2020

ODD 5TH FLOOR

Case Number: RZ 200-0010

1. PROPERTY INFORMATION

Address or Location #900 West Queen Street

LRSN 2000257 Current Zoning District R8, C3 Proposed Zoning District R-8

Current Land Use Vacant Lot

Proposed Land Use 3 Residential Lots

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 Hampton Redevelopment and Housing Authority

Address 1 Franklin St, Suite 603 City Hampton State VA Zip 23669

Phone 757-727-1482 Email wlockard@hamptonrha.com

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 Hampton Redevelopment & Housing Authority

Signed by:

Name (printed) Aaru Ma'at, Its (title) Executive Director

Signature [Signature] Date 9/10/2020

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) _____

Signature _____ Date _____

Name (printed) _____

Signature _____ Date _____

<i>OFFICE USE ONLY</i>		
<input type="checkbox"/> Application Form	<input type="checkbox"/> Narrative Statement	<input type="checkbox"/> Proffer Statement
<input type="checkbox"/> Application Fee	<input type="checkbox"/> Survey Plat	<input type="checkbox"/> Additional materials (if required)