

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

APR 0 1 2023

CDD 5TH FLOOR

Case Number: UP 23-00012

1. PROPERTY INFORMATION			
Address or Location 2020 Win free Rd	Hampton VF	1	
LRSN 11001827	Zoning Dist	rict Zoning R-9	District 2B
Current Land Use Dre and Two family Reside	ntial		
Proposed Land Use Aik B + B			
The proposed use will be in: ☑ an existing be	uilding 🔲 a ne	w addition	☐ a new building
2. PROPERTY OWNER INFORMATION (an indication owner's Name Kelvin and Wands Address 2020 Winfree Rd Phone 540 649 3338 Email Supplies Emails 1. APPLICANT INFORMATION (if different from	Washington City Hampton Wanda washi		-
Applicant's Name			
Address	City	State	Zip
Phone Emai			
4. APPLICANT AGENT INFORMATION (if differ	ent from applicant)		
Agent's Name			
Address	City	State	Zip
Phone Emai			

5. CERTIFICATION FOR LEGAL ENTITY PROPERTY OWNERS

Application Fee

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:		14.2 (4:41.5)	
	Name (printed)		
	Signature	_ Date	
	Name (printed)	_, Its (title)	
	Signature	_ Date	
	Name (printed)	, Its (title)	
	Signature	_ Date	
6. CERTII	FICATION FOR INDIVIDUAL PROPERTY OWNERS		
Complete t	this section only if the property owner is an individual or individuals	S.	
my full kno	ubmit that I am the fee-simple owner of this property. I have read wledge and consent. I authorize city staff and representatives to I The information contained in this application is accurate and con	have access to this property for	
Name(s),	signature(s), and date(s) of owner(s) (attach additional page if ı	necessary):	
Name (pri	nted) Wanda Washington		
Signature	nted) Wanda Washington Wanda Washington [Date 3/12/23	
Name (pri	nted) Kelvin L Washington KL & Washington		
Signature	Kl 7 Woohoft	Date 3/12/23	
OFFICE USE ONLY			
	☐ Application Form ☐ Narrative Statement ☐ S	upplemental Form (if required)	

■ Survey Plat

■ Additional materials (if required)



Complete this application in its entirety and submit with the completed Use Permit application form 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:

10 April 2023

Case Number: UP 23-00012
1. LOT INFORMATION
Lot Width Lot Depth 90 Total Lot Area (ac. or sq. ft.)
Current On-site Parking Spaces 2 Current On-street Parking Spaces on street parking
Per Chapter 11, § 11-7 of Hampton's Zoning Ordinance, a standard parking space shall be a minimum of 9'x18'
☑ Please attach a sketch showing the parking area and the circulation to, from and within the parking lot
2. BUILDING INFORMATION
Square Footage Stories Number of Kitchens
Proposed Number of Guests 8 Number of Guest Rooms 4 Number of Bathrooms 2
Is this currently an owner-occupied residence?
Please attach a floor plan of the short-term rental with all rooms labeled as to their use along with the location(s) of any fire extinguishers, smoke detectors, and carbon monoxide (CO) detectors.
3. SHORT-TERM RENTAL INFORMATION
Do you plan to host events in conjunction with the short-term rental? ☐ Yes ☐ No
When do you intend to use the property as a short-term rental? Year-round Weekends Seasonal. If so, what season(s)? We Spend a lof of the meaf this Are there accessory structures on property, such as a garage or gazebo, that would be used as
Are there accessory structures on property, such as a garage or gazebo, that would be used as part of the short-term rental? Yes X No
4. LOCAL CONTACT PERSON Name Warda Washington 692@gmail.co Home Phone 540 6493338 Mobile Phone 540 6493338 Address 2020 Winfree Rd Hampton

Narrative Statement for 2020 Winfree Rd., Hampton, Va 23663

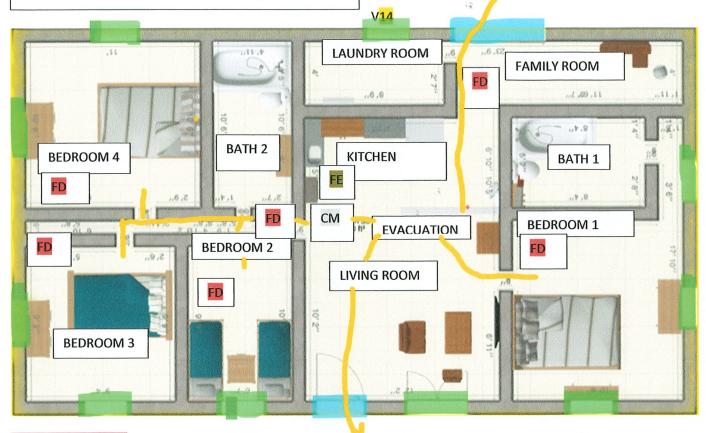
We would like to use our property as an Air B& B. We do spend several weekends a month here in Hampton but would like to be able to offer it for others to stay to enjoy the beautiful area when we aren't in town. Our 1499 square foot home has 4 bedrooms, 2 bath with a living room, family room, laundry room and a fence in yard. Two cars can park in the drive way and there's also parking on the street. We have an ADT system in place for monitoring. Our clients will have a 10pm quiet time.

Please feel free to reach out to us if you have any further questions or concerns.

Sincerely,

Wanda and Kelvin Washington





FD - FIRE DETECTOR

CD - CARBON MONOXIDE DETECTOR

EXIT WINDOWS

EXIT DOORS

EVACUATION

FIRE EXSTINGUISHER

Bedroom 1- 14 x 11.5 Living room - 14 x 10

Bedroom 2- 10 x 10 Family room- 16 x 7

Bedroom3- 10 x 11.5 Kitchen – 20 x 10

Bedroom 4- 10 x 11.5 Laundry room -14 x 10

Bathrooms 10 x 5