



Application for  
**Use Permit**

OFFICE USE ONLY  
Date Received:

**RECEIVED**

OCT 19 2016

**PLANNING DEPT.**

Case Number: UP 16-00010

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

**1. PROPERTY INFORMATION**

Address or Location 2082 Nickerson Blvd Hampton, VA 23663

LRSN \_\_\_\_\_ Zoning District \_\_\_\_\_

Current Land Use Restaurant

Proposed Land Use Restaurant and live entertainment 2

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 CD Ventures II LLC

Address 1313 Jamestown Road City Williamsburg State VA Zip 23185

Phone 757-903-4856 <sup>Ste 201</sup> Email skip@compens-waltz.com

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

Applicant's Name Jeffrey Moore

Address 3917 Shell Road City Hampton State VA Zip 23669

Phone 757-544-1948 Email dejavujmo@gmail.com

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

Agent's Name Charlene Mason

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

Phone 757-849-8153 Email dejavubanquets@gmail.com

**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 CD Ventures II LLC

Signed by:

Name (printed) Vincent A. Campana, Its (title) owner

Signature [Signature] Date 10/11/16

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

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

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

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

~~5.~~ **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) ~~Jeffrey L. Moore~~ Chm

Signature ~~[Signature]~~ [Signature] Date ~~10/11/16~~ Chm

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

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

<input checked="" type="checkbox"/> Application Form	<input checked="" type="checkbox"/> Narrative Statement	<input type="checkbox"/> Supplemental Form (if required)
<input type="checkbox"/> Application Fee	<input type="checkbox"/> Survey Plat	<input type="checkbox"/> Additional materials (if required)

OFFICE USE ONLY

✓ Articles of Org./ Bylaws 5



Supplemental Information for  
**Live Entertainment '2'**

Complete this supplement 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 23668



**1. LOT INFORMATION**

Current Number of On-site Parking Spaces 30 Proposed Number of On-site Parking Spaces 175

**2. BUILDING INFORMATION**

Square Footage 4200 sq ft Square Footage of Live Entertainment Area 6'x15' or 90 sq. ft.

Please attach a floor plan of the facility with all rooms labeled as to their use and square footage and showing the location of the live entertainment area

**3. OPERATIONAL INFORMATION**

Existing Use Restaurant Proposed Use Restaurant

Proposed Type(s) of Entertainment to be Offered DJ, Karaoke, Line Dancing, Spoken Word, Small Bands

Equipment Required for Type(s) of Entertainment to be Offered DJ equipment

Seating Capacity 130 Length of Ownership of this Business 2 yrs

Existing Hours of Operation: Mon closed Tue 11am - 9pm Wed 11am - 9pm  
Thu 11am - 9pm Fri 11am - 9pm Sat 11am - 9pm Sun 11am - 9pm

Proposed Hours of Operation: Mon closed Tue 11am - 2am Wed 11am - 2am  
Thu 11am - 2am Fri 11am - 2am Sat 11am - 2am Sun 11am - 2am