



Application for  
**Use Permit**

OFFICE USE ONLY  
Date Received:

**MARCH 9, 2022**

Case Number: UP 22 - 00001

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 10 Doris Carlson Drive (RPC 5000040), 51 Battle Road (RPC 5000041),  
30 Singleton Drive (RPC 5000042) and 60 Batle Road B (RPC 5001596)

LRSN 5000040, 5000041,  
5000042 and 5001596 Zoning District R-11

Current Land Use Residential and non-residential disability services

Proposed Land Use Residential apartments

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 Sarah Bonwell Hudgins Foundation, Inc.

Address 1 Singleton Drive City Hampton State VA Zip 23666

Phone 757-927-8757 Email \_\_\_\_\_

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

Applicant's Name Westview Landing, LLC

Address 900 Briarfield Road City Hampton State VA Zip 23605

Phone 757-224-3592 Email rlmallory@malloryelectric.com

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

Agent's Name Lawrence G. Cumming

Address 11815 Fountain Way, Suite 400 City Newport News State VA Zip 23606

Phone 757-224-2910 Email lccumming@kaufcan.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 Sarah Bonwell Hudgins Foundation, Inc.

Signed by:

Name (printed) Jennifer Register, Its (title) President

Signature  Date 12/1/21

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