



Application for
Rezoning

OFFICE USE ONLY
Date Received:

RECEIVED

NOV 08 2018

CDD 5TH FLOOR

Case Number: RZ RZ-00008

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 123 E. Pembroke Avenue, Hampton, VA

LRSN 2003496 Current Zoning District R-M Proposed Zoning District R-4

Current Land Use _____

Proposed Land Use _____

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 Barrett-Peake Heritage Foundation

Address P.O. Box 1892 City Hampton State VA Zip 23669

Phone 759-723-2673 Email mchristian1924@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 Barrett-Peake Heritage Foundation

Signed by: Name (printed) Mary T. Christian, Its (title) President
Signature Mary T. Christian Date 11-7-18

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) |