



Application for
Use Permit

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

AUG 24 2017

CDD 5TH FLOOR

Case Number: UP 17-00014

1. PROPERTY INFORMATION

Address or Location 332 Rip Rap Rd Hampton VA. 23669

LRSN 13004594 Zoning District M-3

Current Land Use Heavy Industrial

Proposed Land Use Heavy Industrial

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 Sally Groome Powell, Trustee of the Sally Groome Powell Revocable Trust

Address 4408 Chesapeake Ave City Hampton State VA Zip 23669

Phone 757-472-8143 Email Gpowell16@cox.net

3. APPLICANT INFORMATION (if different from owner)

Applicant's Name Sectorsite LLC

Address 53 S. Jefferson Rd. Suite M City Whippany State NJ Zip 07981

Phone 210-650-0988 Email dan@sectorsitellc.com

4. APPLICANT AGENT INFORMATION (if different from applicant)

Agent's Name Laura Rectenwal

Address 351 N. New Hampshire ave. #911 City Atlantic City State NJ Zip 08401

Phone 941-284-8616 Email laura.rectenwal@smartlinkllc.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 Sally Groome Powell Revocable Trust

Signed by:

Name (printed) Sally Groome Powell, Its (title) trustee

Signature [Handwritten Signature] Date Aug 3 '17

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 _____

OFFICE USE ONLY		
<input checked="" type="checkbox"/> Application Form	<input type="checkbox"/> Narrative Statement	<input type="checkbox"/> <u>Communication Tower Form</u> Supplemental Form (if required)
<input checked="" type="checkbox"/> <u>Returned</u> Application Fee	<input checked="" type="checkbox"/> Survey Plat	<input checked="" type="checkbox"/> Additional materials (if required)