



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

APR 08 2016

PLANNING DEPT.

Case Number: UP 16-00003

1. PROPERTY INFORMATION

Address or Location 923 Aberdeen Rd Hampton, VA

LRSN 3005147 Zoning District C-2

Current Land Use Day Care

Proposed Land Use Day Care

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 Andrucci Phillip

Address 328 LaSalle Ave City Hampton State VA Zip 23061

Phone 757 8640222 Email _____

3. APPLICANT INFORMATION (if different from owner)

Applicant's Name Andrea Austen-Darden

Address 3400 W. Lewis Rd City Hampton State VA Zip 23066

Phone (757) 641-5116 Email andreasalsten@yahoo.com

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 Alsten's Village Learning Center LLC.

Signed by:

Name (printed) Andrea Alsten-Darden, Its (title) business owner/director

Signature [Signature] Date 3/29/16

Name (printed) _____, Its (title) _____

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.

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):

Andrucci Phillips

Signature Andrucci Phillips Date March 29, 2016

Name (printed) _____

Signature _____ Date _____

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



Supplemental Information for
Day Care

Complete this supplement in its entirety and submit with the completed Use Permit application form to the address below:

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1. LOT INFORMATION

Lot Width 65 ft Lot Depth 2380 ft Total Lot Area (ac. or sq. ft.) 15575
 Area to be Fenced (ac. or sq. ft.) 7800 Fence Height 6ft Fence Type metal
 Area of Outdoor Play Area (ac. or sq. ft. – if different from area to be fenced above) _____
 Current Number of On-site Parking Spaces 5 Proposed Number of On-site Parking Spaces _____

Please attach a sketch showing the parking area and the circulation to, from and within the parking lot

2. BUILDING INFORMATION

Square Footage 2168 Stories 1 Number of Classrooms 3
 Number of Offices 1 Number of Kitchens 1 Number of Toilets 7
 Number of Washbasins 12 Area of Indoor Play Area (sq. ft.) 2168

Is this currently an occupied residence? Yes No Will this be an occupied residence? Yes No

Type of Construction: Wood Frame with Siding Wood Frame with Brick Masonry
 Other (describe) _____

Please attach a floor plan showing rooms labeled with square footage, use and (for classrooms) ages of children

3. OPERATIONAL INFORMATION

Number of Clients 47 Age Range of Clients 6wk-12years Number of Employees 7
 Hours of Operation: Mon 6am-11pm Tue 6am-11pm Wed 6am-11pm Thu 6am-11pm
 Fri 6am-11pm Sat _____ Sun _____

4. LICENSING

Name of State Licensing Agency Hampton Department of Social Services