



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
<b>RECEIVED</b>
<b>MAY 14 2021</b>
<b>CDD 5<sup>TH</sup> FLOOR</b>
Case Number: UP <u>210-0015</u>

**1. PROPERTY INFORMATION**

Address or Location 2021-B Cunningham Dr., Suite 1, Hampton VA 23666  
 LRSN RPC 13004310 Zoning District C-2  
 Current Land Use OFFICE  
 Proposed Land Use Tutoring/Office  
 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 Plaza Offices, LLC  
 Address 2021 Cunningham Dr., Suite 100 City Hampton State VA Zip 23666  
 Phone (757) 838-0555 Email ddiggs.riverdale@gmail.com

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

Applicant's Name Karen G. Jordan  
 Address 14 Ravenscroft Lane City Hampton State VA Zip 23669  
 Phone (276) 732-4345 Email karenjordan274@yahoo.com

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

Agent's Name Riverdale Management Co  
 Address 2021 Cunningham Dr., Suite 100 City Hampton State VA Zip 23666  
 Phone (757) 838-0555 Email ddiggs.riverdale@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 Plaza Offices, L.L.C.

Signed by: Name (printed) Paul A. Fisarella, Its (title) Vice President

Signature Paul A Fisarella Date 01-27-2020

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 \_\_\_\_\_

<small>OFFICE USE ONLY</small>		
<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)