



Application for Rezoning

OFFICE USE ONLY
Date Received:

MARCH 9, 2022

Case Number: RZ 21 - 00012

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 Battle Road B (RPC 5001596)
5000040, 5000041,
LRSN 5000042 and 5001596 Current Zoning District R-11 Proposed Zoning District MD-3

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 757-827-8757 Email lpowers@sarahbonwellhudgins.org

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 lgcumming@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 11/5/21

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 _____

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