



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

JUN 06 2017

CDD 5TH FLOOR

Case Number: UP 17-040007

1. PROPERTY INFORMATION

Address or Location 1017 TODDS LANE

LRSN 4000574 Zoning District R-13

Current Land Use Church

Proposed Land Use Church with 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 First United Church of Christ Hampton Virginia

Address 1017 TODDS LANE City Hampton State VA Zip _____

Phone 757-826-7560 Email firstuccyo@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 First United Church of Christ Hampton Virginia

Signed by:

Name (printed) T. Christian Henderson, Its (title) Trustee - Chairman

Signature T. Christian Henderson Date JUNE 6, 2017

Name (printed) REVEREND LISA GRIFFIN, Its (title) Pastor

Signature Rev. Lisa Griffin Date JUNE 6, 2017

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) |



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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CDD 5TH FLOOR

Case Number: UP 17-40007

1. LOT INFORMATION

Lot Width ^{520 real} 210 feet Lot Depth ⁵⁵⁰ ~~250~~ Total Lot Area (ac. or sq. ft.) 5.21 AC

Area to be Fenced (ac. or sq. ft.) 2800 SF Fence Height 4 FT. Fence Type CHAIN LINK

Area of Outdoor Play Area (ac. or sq. ft. – if different from area to be fenced above) 5400 SF COURTYARD

Current Number of On-site Parking Spaces 150 Proposed Number of On-site Parking Spaces 150

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

2. BUILDING INFORMATION

Square Footage 16,180 Stories 1 Number of Classrooms 7

Number of Offices 1 Number of Kitchens 1 Number of Toilets 6 - 4 ADULT 2 CHILD

Number of Washbasins 4 Area of Indoor Play Area (sq. ft.) 2000 SF

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 ^{up to} 50 Age Range of Clients 0-13 Number of Employees 3-10

Hours of Operation: Mon 6:30-6:30 Tue 6:30-6:30 Wed 6:30-6:30 Thu 6:30-6:30

Fri 6:30-6:30 Sat 6:30-2:00pm Sun _____

4. LICENSING

Name of State Licensing Agency _____