



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 21 2015

PLANNING DEPT.

Case Number: UP 15 - 00007

1. PROPERTY INFORMATION

Address or Location 2625 Armistead Avenue Hampton, VA 23666

LRSN 7001710

Zoning District R-11

Current Land Use Church

Proposed Land Use Daycare (religious)

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 Trustees of Sharon Baptist Church

Address 93 SEMPLE FARM ROAD City Hampton State VA Zip 23666

Phone 757-865-0532 Email HGKLAISS@YAHOO.COM

3. APPLICANT INFORMATION (if different from owner)

Applicant's Name Hannah Carruthers

Address 648 Kelso Dr. City Newport News State VA Zip 23602

Phone 618-339-9120 Email teacher-miss.hannah@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 SHARON BAPTIST CHURCH

Signed by:

Name (printed) HENRY K. KLAISS, Its (title) TRUSTEE

Signature Henry K. Klaiss Date 4/14/15

Name (printed) JAMES A. CRUTCHFIELD, Its (title) Trustee

Signature James A. Crutchfield Date 4/14/15

Name (printed) SPENCER L. CLOSE, Its (title) TRUSTEE

Signature Spencer L. Close Date 4/14/15

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

☐ Application Form

☐ Narrative Statement

☐ Supplemental Form (if required)

☐ Application Fee

☐ Survey Plat

☐ Additional materials (if required)



Supplemental Information for Day Care

OFFICE USE ONLY
Date Received:

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

City of Hampton
Community Development Department, Planning Division
22 Lincoln Street, 5th Floor
Hampton, Virginia 23669

15-00007

Case Number: UP _____ - _____

1. LOT INFORMATION

Lot Width _____ Lot Depth _____ Total Lot Area (ac. or sq. ft.) 4.6 acres

Area to be Fenced (ac. or sq. ft.) 625 sq. ft. 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) _____

Current Number of On-site Parking Spaces 70 Proposed Number of On-site Parking Spaces 70

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

2. BUILDING INFORMATION

Square Footage 5,016.25 Stories 1 Number of Classrooms 10

Number of Offices 3 Number of Kitchens 1 Number of Toilets 9

Number of Washbasins 9 Area of Indoor Play Area (sq. ft.) 2,076

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 196 Age Range of Clients 6wks-12yrs. Number of Employees 30

Hours of Operation: Mon 5:30A-7:00P Tue 5:30A-7:00P Wed 5:30A-7:00P Thu 5:30A-7:00P
Fri 5:30A-7:00P Sat 5:30A-7:00P Sun closed

4. LICENSING

Name of State Licensing Agency Virginia Department of Social Services