



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**  
**DEC 27 2018**  
**CDD 5<sup>TH</sup> FLOOR**

Case Number: UP 18 - 00014

**1. PROPERTY INFORMATION**

Address or Location 36 Wine Street - Suite A (first floor)

LRSN 2003044 Zoning District DT-1

Current Land Use Commercial Office

Proposed Land Use Fraternal Lodge

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 National Association of Government Employees

Address 159 Thomas E. Burgin Parkway City Quincy State MA Zip 02169

Phone (617) 376-0220 Email jfarley@nage.org

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

Applicant's Name Fraternal Order of Police Lodge 26, Limited

Address PO Box 7017 City Hampton State VA Zip 23666

Phone 757-827-8254 Email hamptonfop26@gmail.com

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

Agent's Name Will Andrews

Address Six Manhattan Square, Suite 102 City Hampton State VA Zip 23666

Phone 757-810-7856 Email wca@readcompanies.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 National Association of Government Employees

Signed by:

Name (printed) David Holway, Its (title) President

Signature [Handwritten Signature] Date 12/18/18

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)

CDD 8th FLOOR