



Application for  
**Use Permit**

OFFICE USE ONLY  
Date Received:

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

Case Number: UP 16-0\*0005

**1. PROPERTY INFORMATION**

Address or Location 1705 Todds Lane Hampton VA 23666

LRSN 4002255 Zoning District R-11

Current Land Use Child Day Care

Proposed Land Use NO Change

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 Assembly of Gods

Address 1705 Todds Lane City Hampton State VA Zip 23666

Phone 757 826 1426 Email \_\_\_\_\_

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

Applicant's Name Bethel Child Development

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Above Email bethelcd@betheltemple.com

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

Agent's Name \_\_\_\_\_

Address \_\_\_\_\_ City N/A 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 \_\_\_\_\_

Signed by:

Name (printed) Charles E. Norman III, Its (title) BOARD Member

Signature Charles E. Norman III Date 04-27-16

Name (printed) CRAIG S. BRYANT, Its (title) secretary

Signature [Signature] Date 4-27-16

Name (printed) Robert McDowell Jr, Its (title) vice Chairman

Signature [Signature] Date 4/27/16

**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 N/A Date \_\_\_\_\_

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

<small>OFFICE USE ONLY</small>		
<input checked="" type="checkbox"/> Application Form	<input checked="" type="checkbox"/> Narrative Statement	<input checked="" type="checkbox"/> Supplemental Form (if required) <u>Day care</u>
<input type="checkbox"/> Application Fee	<input checked="" type="checkbox"/> Survey Plat	<input checked="" type="checkbox"/> Additional materials (if required)

*Legal Files*