

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

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RE	CEIV	ED
	0 8 20 5 TH FL	
Case Number: UP _	17	<u>-00013</u>

1. PROPERTY INFORMATION			
Address or Location /82/ CEMETERY LANE	The state of the s		
LRSN Zoning	g District		
Current Land Use NONE (VACANT LAND)			
Proposed Land Use			
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 JEWISH CEMETERY OF THE VIRGINIA PE	NINSULA, INC.		
Owner's Name <u>JEWISH CEMETERY OF THE VIRGINIA PE</u> Address <u>C/O DAVID, KAMP+FRANK, LLC</u> City <u>NEWFORT</u> .	NENS State <u>VA</u> Zip <u>23606</u>		
3. APPLICANT INFORMATION (if different from owner)			
Applicant's Name PI TOWER DEVELOPMENT, LLC			
Address 200 PARK AVE. 9th FLOOR City NEW YO	<i>RK</i> State_ <i>NY</i> _Zip/0/66		
Phone Email			
4. APPLICANT AGENT INFORMATION (if different from application of the control of t	ant)		
Address 4435 NATERFRONT DR., SUITE 100 City GLEN AL	LEN State VA Zip 23060		
Phone 804-363-0891 Email dootherson			

5. CERTIFICATION FOR LEGAL ENTITY PROPERTY OWNERS

Complete this section only if the property owner is **not** an individual but rether 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 Lewish Cemetery of the Virginia Peningula, Arc Signed by: E.D. DAUX , Its (title) USSIDENT Name (printed) Date 10/4/ Signature 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 _____ OFFICE USE ONLY Application Form ☐ Narrative Statement ☐ Supplemental Form (if required) ☐ Application Fee ☐ Survey Plat ☐ Additional materials (if required)