



Application for Rezoning

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: RZ 17-040003

1. PROPERTY INFORMATION

Address or Location 199 Santa Barbara Dr, Diggs Dr

LRSN 600005, 600003 Current Zoning District R-9 or R-11 Proposed Zoning District PO-1

Current Land Use Vacant

Proposed Land Use Vacant

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 City of Hampton

Address 22 Lincoln St City Hampton State VA Zip 23669

Phone _____ Email _____

3. APPLICANT INFORMATION (if different from owner)

Applicant's Name Mayor P. Bullock on behalf of the City of Hampton

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 _____

Signed by:

Name (printed) _____, Its (title) _____

Signature _____ Date _____

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) Mary B. Brunkay on behalf of the City of Hampton
Signature *Mary B. Brunkay* Date 6/27/17

Name (printed) _____

Signature _____ Date _____

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

Section 14-3 of the zoning ordinance requires the written consent of the subject property owner for all rezoning applications. The City of Hampton is the current owner of the subject property. Accordingly, the city manager's signature represents the city's consent to process the rezoning application, but does not constitute and should not be deemed to be an agreement by the city to approve the rezoning application, nor is it an endorsement of any development proposal.