



Application for  
**Rezoning**

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**  
**JUN 18 2019**  
**CDD 5<sup>TH</sup> FLOOR**

Case Number: RZ 19-0-0001

**1. PROPERTY INFORMATION**

Address or Location 1602 Briarfield Road; 804 Aberdeen Road and 806 Aberdeen Road  
1000456; 1000454  
 LRSN and 1000455 Current Zoning District R-11; C-1 Proposed Zoning District C-1; Conditional C-1  
 Current Land Use Vacant; Former Service Station  
 Proposed Land Use Retail

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 Rahimi, LLC  
 Address 107 Blevins Run City Yorktown State VA Zip 23693  
 Phone 757-593-3400 Email rahimirs@msn.com

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

Applicant's Name DT Retail Properties, LLC  
 Address 500 Volvo Parkway City Chesapeake State VA Zip 23320  
 Phone 757-321-5000 Email cteeter@dollartree.com

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

Agent's Name Kimley-Horn and Associates  
 Address 4525 Main Street, Suite 1000 City Virginia Beach State VA Zip 23462  
 Phone 757-213-8600 Email danielle.danzing@kimley-horn.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 Rahimi, LLC

Signed by:

Name (printed) RIAZUDDIN S. RAHIMI, Its (title) OWNER

Signature [Handwritten Signature] Date 03-25-2019

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		
<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)