



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:

June 05, 2023

Case Number: UP_23-00013

1. PROPERTY INFORMATION

Address or Location 404 N. Second St Hampton VA 23664

LRSN 12007147 Zoning District RB

Current Land Use Residential detached

Proposed Land Use Short-term rental

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 Antionique Addison Twantney Addison

Address 423 Revolution lane City Newport News State VA Zip 23608

Phone 804-335-4841 Email addisonbnb@gmail.com

3. APPLICANT INFORMATION (if different from owner)

Applicant's Name Same as above

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

4. APPLICANT AGENT INFORMATION (if different from applicant)

Agent's Name Same as above

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) Antionique Addison

Signature [Signature] Date 3/13/23

Name (printed) Twaitney Addison

Signature [Signature] Date 3/13/23

OFFICE USE ONLY

- | | | |
|---|--|---|
| <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) |



Supplemental Information for Short-Term Rental

Complete this application in its entirety and submit with the completed Use Permit application form to the address below:

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1. LOT INFORMATION

Lot Width 40 ft Lot Depth 110 ft Total Lot Area (ac. or sq. ft.) 4400 sq. ft.
Current On-site Parking Spaces 2 Current On-street Parking Spaces 1

Per Chapter 11, § 11-7 of Hampton's Zoning Ordinance, a standard parking space shall be a minimum of 9'x18'

Please attach a sketch showing the parking area and the circulation to, from and within the parking lot

2. BUILDING INFORMATION

Square Footage 1200 Stories 1 Number of Kitchens 1
Proposed Number of Guests 5 Number of Guest Rooms 3 Number of Bathrooms 2

Is this currently an owner-occupied residence? Yes No

Please attach a floor plan of the short-term rental with all rooms labeled as to their use along with the location(s) of any fire extinguishers, smoke detectors, and carbon monoxide (CO) detectors.

3. SHORT-TERM RENTAL INFORMATION

Do you plan to host events in conjunction with the short-term rental? Yes No

When do you intend to use the property as a short-term rental? Year-round Weekends
 Seasonal. If so, what season(s)? _____

Are there accessory structures on property, such as a garage or gazebo, that would be used as part of the short-term rental? Yes No

4. LOCAL CONTACT PERSON

Name Antionique Addison E-mail addisonbnb@gmail.com

Home Phone _____ Mobile Phone 804-335-4841

Address 423 Revolution Lane Newport News VA 23608

6/4/2023

Narrative Statement

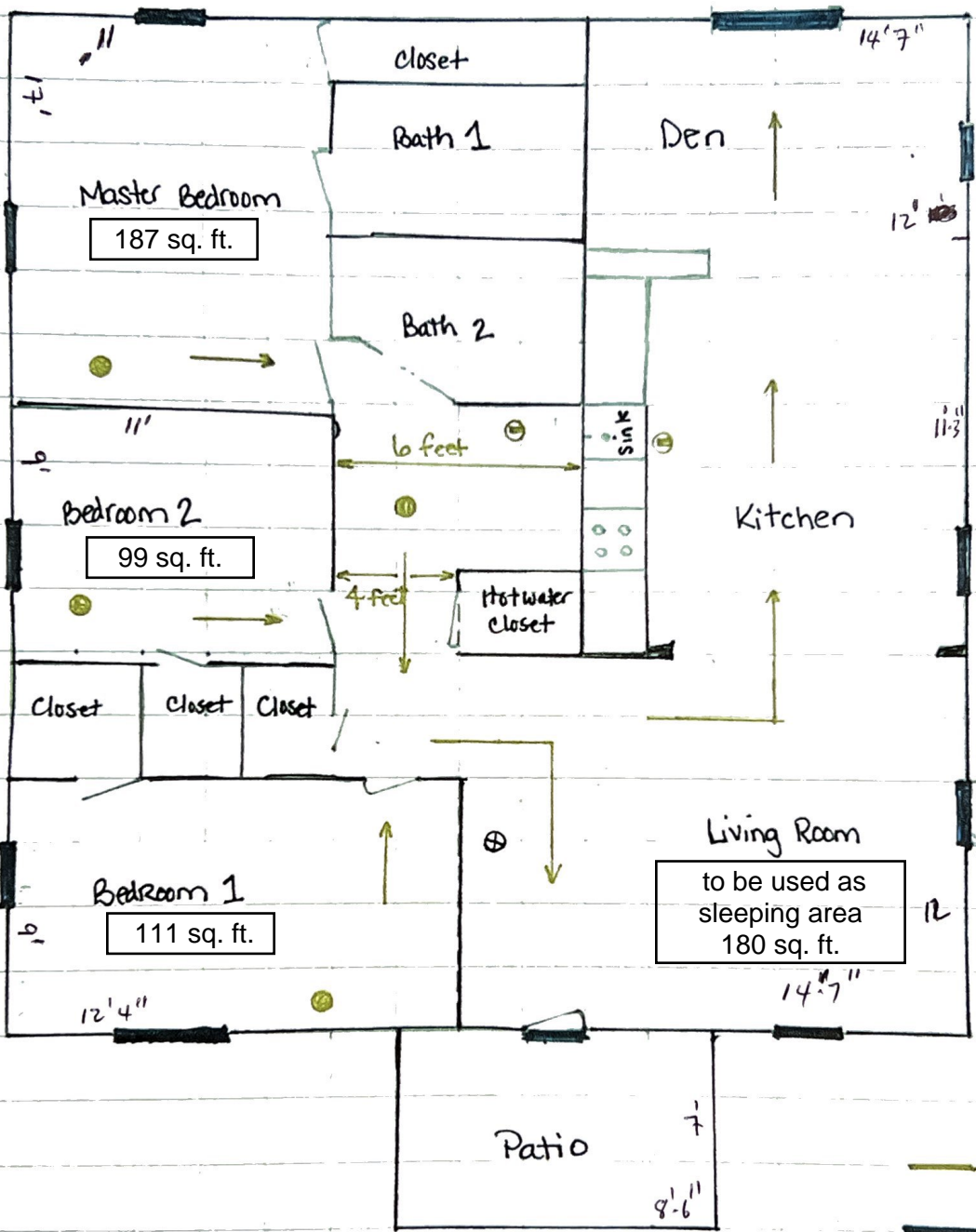
for Short Term Rental Approval

My husband and I are home owners in Hampton at Buckroe Beach. We own a single-family bungalow with 3 bedrooms and 2 bathrooms. It is 1200 sq ft of living space. There is a spacious back yard with easy access to the beachfront. We are seeking approval to do short term rental with this property. We have submitted the required applications with the requested floor plan.

Thank you for your consideration.

Respectfully,

Antionique & Twaitney Addison



-  Evacuation Route
-  Exit Window
-  Exit Door
-  Smoke Detector
-  Carbon Monoxide Detector
-  Fire Extinguisher