



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:

**RECEIVED**  
**AUG 19 2019**  
**CDD 5<sup>TH</sup> FLOOR**

Case Number: UP 19-00007

**1. PROPERTY INFORMATION**

Address or Location 310 E STREET

LRSN 1000080 Zoning District M-3

Current Land Use MATERIALS RECOVERY FACILITY FOR RECYCLING AND CONSTRUCTION DEBRIS

Proposed Land Use MATERIALS RECOVERY FACILITY FOR RECYCLING, CONSTRUCTION DEBRIS, AND TRASH

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 BAY DISPOSAL PROPERTY HOLDINGS, LLC

Address 3 WATERWAY SQUARE PL SUITE 110 City THE WOODLANDS State TX Zip 77380

Phone 832-442-2200 Email \_\_\_\_\_

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

Applicant's Name BAY DISPOSAL AND RECYCLING

Address 2224 SPRINGFIELD AVE City NORFOLK State VA Zip 23523

Phone 757-857-9700 Email EMMETT@BAYDISPOSAL.COM

**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 BAY DISPOSAL PROPERTY HOLDINGS, LLC

Signed by:

Name (printed) JENNETT MOORE, Its (title) DISTRICT MGR

Signature [Signature] Date 6/17/19

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"/> Supplemental Form (if required)
<input type="checkbox"/> Application Fee	<input type="checkbox"/> Survey Plat	<input type="checkbox"/> Additional materials (if required)