



Application for
Use Permit

OFFICE USE ONLY
Date Received:

AUG 02 2018

CDD 5TH FLOOR

Case Number: UP 2018-0009

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

1. PROPERTY INFORMATION

Address or Location 19 N. Mallory Street

LRSN 12001996 Zoning District PH-1

Current Land Use General Retail

Proposed Land Use School - Private

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 P.H.D. L.L.C.

Address P.O. Box 3007 City Phoenix State VA Zip 23663

Phone 757-232-3923 Email GRUNGT@yahoo.com

3. APPLICANT INFORMATION (if different from owner)

Applicant's Name Dianne Cesvette

Address 5075 Kelso Street City Suffolk State VA Zip 23435

Phone 757-405-8498 Email dianne@hctsinc.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 P.L.A. L.L.C.

Signed by:

Name (printed) William J. Marchant, Its (title) Member

Signature [Signature] Date 8/2/18

Name (printed) _____, Its (title) _____

Signature _____ Date _____

Name (printed) _____, Its (title) _____

Signature _____ Date _____

X 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 _____

<small>OFFICE USE ONLY</small>		
<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)