



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

OCT 26 2016

PLANNING DEPT.

Case Number: UP 17-00003

1. PROPERTY INFORMATION

Address or Location 56 TIDEWATER DRIVE, HAMPTON

LRSN 6000763 Zoning District LFA-2

Current Land Use vacant

Proposed Land Use vehicle storage

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 CAROL H. WRIGHT

Address 2431 NORTH SHORE DRIVE City SMITHFIELD State VA Zip 23430

Phone 757-342-3234 CELL Email PARVIEWINCIII@MSN.COM
757-245-0171 OFFICE

3. APPLICANT INFORMATION (if different from owner)

Applicant's Name _____

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 _____

operating director

6 CERTIFICATION FOR INDIVIDUAL PROPERTY OWNERS *sign below only.*

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) A. CAROL H. WRIGHT

Signature *[Handwritten Signature]* Date 10-21-2016

Name (printed) _____

Signature _____ Date _____

OFFICE USE ONLY

Application Form

Narrative Statement

Supplemental Form (if required)

Application Fee

Survey Plat

Additional materials (if required)

legal desk.