



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

SEP 21 2017

CDD 5TH FLOOR *fil*

Case Number: UP 17-00011

1. PROPERTY INFORMATION

Address or Location 225/227 Chapel Street Hampton VA 23669

LRSN 2001911 Zoning District R-8

Current Land Use Church

Proposed Land Use School

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 Central United Methodist Church

Address 225 Chapel St City Hampton State VA Zip 23669

Phone 757-723-3112 Email centralfac@centralumc-hampton.com

3. APPLICANT INFORMATION (if different from owner)

Applicant's Name David Riddick

Address 27 Triple Crown Ct Apt 101 City Hampton State VA Zip _____

Phone (757) 477-1381 Email dauidr@beauty4asheshamptonva.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 Central United Methodist Church

Signed by:

Name (printed) J. Paul Fitzgerald, Its (title) Trustee

Signature [Signature] Date 10/22/17

Name (printed) William Blackwood, Its (title) TRUSTEE

Signature [Signature] Date 10/22/17

Name (printed) Frances U. Tweedy, Its (title) Trustee

Signature Frances U. Tweedy Date 10/22/17

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."

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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)

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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 Central United Methodist Church

Signed by: Name (printed) Charles W. Tweedy, Its (title) Trustee

Signature Charles W. Tweedy Date 10-22-17

Name (printed) Charles S. Hopkins, Jr., Its (title) Trustee

Signature Charles S. Hopkins, Jr. Date 10-23-17

Name (printed) James Petersen, Its (title) Trustee

Signature James Petersen (Jim) Date 10/23/17

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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 Central United Methodist Church

Signed by:

Name (printed) Sandra S. Routhen, Its (title) _____

Signature Sandra S. Routhen Date 10/25/17

Name (printed) Forrest Rollins, Its (title) _____

Signature Forrest Rollins Date 10/25/17

Name (printed) _____, Its (title) _____

Signature _____ Date _____

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OFFICE USE ONLY

- | | | |
|---|--|---|
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Supplemental Information for School

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

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Community Development Department, Planning Division
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Hampton, Virginia 23669

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SEP 22 2017

CDD 5TH FLOOR *me*

Case Number: UP 17-00011

1. LOT INFORMATION

Lot Width _____ Lot Depth _____ Total Lot Area (ac. or sq. ft.) _____

Current Number of On-site Parking Spaces 65 Proposed Number of On-site Parking Spaces NA

Area to be Fenced (ac. or sq. ft.) NA Fence Height NA Fence Type NA

- Please attach a conceptual site plan showing the layout of uses, parking, landscaping and screening.
- Please attach a sketch showing drop-off area and circulation to, from and within the parking area.

2. BUILDING INFORMATION

Square Footage 32,688/4,100 Stories 3 Number of Classrooms 8 Number of Offices 3

- Please attach a floor plan of the school with all rooms labeled as to their use and square footage
- Please attach an architectural elevation drawing of the school building

3. OPERATIONAL INFORMATION

Number of Students 80 Age Range of Students 2-18 Number of Employees 6

Hours of Operation: Mon 10:00 - 8:30pm Tue 10-8:30pm Wed 10-8:30pm Thu 10-8:30
Fri 10:00 8:30pm Sat 8-5 pm Sun etc 1:00p - 2:00pm

Method of Transportation Private personal ~~car~~ vehicle by students parents

Percent of Students Using Each Method of Transportation NA

4. LICENSING

Name of State Licensing Agency NA ?