

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

JUN 0 2 2017

CDD 5TH FLOOR

Case Number: UP 1 7 - 0 0 0 6

| 1. PROPERTY INFORMATION | | | | | |
|---|---------------------|----------------------------|------------------|--|--|
| Address or Location | CURY Boul | levard | | | |
| LRSN 8005717 | | Zoning District <u>C-Z</u> | | | |
| Current Land UseCOMMERICA | r / | | | | |
| Proposed Land Use | ICAL, PAW, | v shop | | | |
| The proposed use will be in: | sting 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 | | | | | |
| Address 1724 LINDEN LANE | City_ <i>W</i> 1 | MANSherg_State_ | 1/4 zip 23185 | | |
| Phone 757 293 8820 | Email <u>Jdd 27</u> | 724 aguail. Com | | | |
| 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 Ron or Carrie Quinn O-Design, P.L.C. | | | | | |
| | | • | .// | | |
| Address 3 RV9KM4N Rd | | | | | |
| Phone 757 722 5571 | Email goles | gnarchiteduzze g | uarl. com | | |

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 L | egal Entity | DI LLC | | |
|--|--|------------------------------------|--------------------------------------|---|
| Signed by | : Name (printed) | ay Dean Dunbar | . Its (title) Mearby Manager | |
| | Signature Gra | Dlent- | | |
| | Name (printed) | | , Its (title) | |
| | Signature | | Date | *************************************** |
| | Name (printed) | | , Its (title) | |
| | Signature | | Date | |
| my full kno inspection. Name(s), | owledge and consent. The information conta | I authorize city staff and represe | | <i>th</i> |
| Signature | | | Date | |
| Name (pri | nted) | 40. | | |
| Signature | | | Date | |
| | | OFFICE USE ONLY | • | |
| | ☐ Application Ferm | ☐ Narrative Statement | ☐ Supplemental Form (if required) | |
| [| Application Fee | ☐ Survey Plat | ☐ Additional materials (if required) | |