



Application is hereby submitted for: (check one)

- special use permit, new**
- special use permit, plan amendment**
- special use permit, text only amendment**

Project Name/Location

Property Address: 1518 Perry Street Date: 11/20/2020
 Tax Map #: S0000201001 Fee: \$1800
 Total area of affected site in acres: 0.081

(See **page 6** for fee schedule, please make check payable to the "City of Richmond")

Zoning

Current Zoning: R63, Assisted Living

Existing Use: Personal Residence

Proposed Use

(Please include a detailed description of the proposed use in the required applicant's report)
Community wellness education, health screenings & treatments, healing groups/circles for depression & anxiety, healthy food drives, yoga
 Existing Use: Residential

Is this property subject to any previous land use cases?

Yes

No

If Yes, please list the Ordinance Number: _____

Applicant/Contact Person:

Company: Empathy Wellness Center, Inc.
 Mailing Address: 1518 Perry Street
 City: Richmond State: Virginia Zip Code: 23224
 Telephone: (804) 503-5792 Fax: (804) 200-4334
 Email: inesaka@msn.com

Property Owner: Ine Saka

If Business Entity, name and title of authorized signee: Ine Saka, CEO

(The person or persons executing or attesting the execution of this Application on behalf of the Company certifies that he or she has or have been duly authorized and empowered to so execute or attest.)

Mailing Address: 1518 Perry Street
 City: Richmond State: VA Zip Code: 23224
 Telephone: (804) 503-5792 Fax: (804) 200-4334
 Email: inesaka@msn.com

Property Owner Signature: Ine Saka 11/20/2020

The names, addresses, telephone numbers and signatures of all owners of the property are required. Please attach additional sheets as needed. If a legal representative signs for a property owner, please attach an executed power of attorney. **Faxed or photocopied signatures will not be accepted.**

NOTE: Please attach the required plans, checklist, and a check for the application fee (see Filing Procedures for special use permits)