



Application for **REZONING/CONDITIONAL REZONING**

Department of Planning and Development Review
Land Use Administration Division
900 E. Broad Street, Room 511
Richmond, Virginia 23219
(804) 646-6304
<http://www.richmondgov.com/>

Project Name/Location

Property Address: 1705 1/2 and 1707 Chamberlayne Avenue and 1716 Roane Street, 1718 Roane Street Date: May 31, 2018

Tax Map #: N0000441006, N0000441014 and N0000441005 Fee: \$1,500

Total area of affected site in acres: 0.8588 acres

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

Zoning

Current Zoning: R-53 and M-1

Existing Use: Surface parking and small retail building

Proposed Zoning/Conditional Zoning

(Please include a detailed description of the proposed use and proffers in the required applicant's report)

B-6
Existing Use: Surface parking and small retail building

Is this property subject to any previous land use cases?

Yes No If Yes, please list the Ordinance Number: _____

Applicant/Contact Person: Lory Markham

Company: Markham Planning

Mailing Address: 2314 West Main Street

City: Richmond State: VA Zip Code: 23220

Telephone: (804) 248-2561 Fax: ()

Email: lory@markhamplanning.com

Property Owner: Alford Development LLC

If Business Entity, name and title of authorized signee: Derrick L. Alford, Managing Partner

(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: 1707 Chamberlayne Avenue

City: Richmond State: VA Zip Code: 23222

Telephone: (804) 321-5766 Fax: (804) 321-5768

Email: _____

Property Owner Signature: Derrick L. Alford

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.



Application for **REZONING/CONDITIONAL REZONING**

Department of Planning and Development Review
Land Use Administration Division
900 E. Broad Street, Room 511
Richmond, Virginia 23219
(804) 646-6304
<http://www.richmondgov.com/>

Project Name/Location

Property Address: 1705 Chamberlayne Avenue and 710 West Fells Street Date: August 8, 2018
Tax Map #: N0000441010 and N0000441008 Fee: _____
Total area of affected site in acres: 0.56 acres

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

Zoning

Current Zoning: M-1
Existing Use: Surface parking and warehouse/retail building

Proposed Zoning/Conditional Zoning

(Please include a detailed description of the proposed use and proffers in the required applicant's report)
B-6
Existing Use: Surface parking and warehouse/retail building

Is this property subject to any previous land use cases?

Yes No If Yes, please list the Ordinance Number: _____

Applicant/Contact Person: Lory Markham

Company: Markham Planning
Mailing Address: 2314 West Main Street
City: Richmond State: VA Zip Code: 23220
Telephone: (804) 248-2561 Fax: ()
Email: lory@markhamplanning.com

Property Owner: Calvin A. Wilson

If Business Entity, name and title of authorized signee: _____

(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: 105 Seaton Drive
City: Richmond State: VA Zip Code: 23223
Telephone: (804) 317-2204 Fax: ()
Email: CAW1705@gmail.com

Property Owner Signature:

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.



Application for **REZONING/CONDITIONAL REZONING**

Department of Planning and Development Review
Land Use Administration Division
900 E. Broad Street, Room 511
Richmond, Virginia 23219
(804) 646-6304
<http://www.richmondgov.com/>

Project Name/Location

Property Address: 712 West Fells Street Date: August 8, 2018
Tax Map #: N0000441009 Fee: _____
Total area of affected site in acres: 0.049 acres

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

Zoning

Current Zoning: M-1

Existing Use: Vacant

Proposed Zoning/Conditional Zoning

(Please include a detailed description of the proposed use and proffers in the required applicant's report)
B-6

Existing Use: Vacant

Is this property subject to any previous land use cases?

Yes No If Yes, please list the Ordinance Number: _____

Applicant/Contact Person: Lory Markham

Company: Markham Planning
Mailing Address: 2314 West Main Street
City: Richmond State: VA Zip Code: 23220
Telephone: (804) 248-2561 Fax: ()
Email: lory@markhamplanning.com

Property Owner: Michael L. Campbell

If Business Entity, name and title of authorized signee: _____

(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: 3601 Piedmont Rd
City: Atlanta State: GA Zip Code: 30305
Telephone: (951-220-3605) Fax: ()
Email: MLC59@yahoo.com

Property Owner Signature: 

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.