

## Application for SPECIAL USE PERMIT

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

| Application is hereby submitted for: (check one)  special use permit, new  |                   |                        |  |
|--|-------------------|------------------------|--|
| special use permit, new  |                   |                        |  |
| Special use permit, plan amendment   |                   |                        |  |
| special use permit, text only amendment  |                   |                        |  |
| Project Name/Location Property Address: 1701 Stockton Street Richm Tax Map #: 500023 57011 Fee: Total area of affected site in acres: 103        | onl VA Z3         | <u> </u>               | -22  |
| (See page 6 for fee schedule, please make check payable to the "City o   | f Richmond        | ")                     |  |
| Zoning<br>Current Zoning: 27   |                   |                        |  |
| Existing Use: Residential Dwelling   |                   |                        |  |
| Proposed Use  (Please include a detailed description of the proposed use in the required family Day Home  Existing Use: Pesidental Dwelling      | l applicant's rep | ort)                   |  |
| Is this property subject to any previous land use cases?  Yes  If Yes, please list the Ordinance Number:   |                   |                        |  |
| Applicant/Contact Person: Shorika Christmas Company: Footprints Childrare 4LC Mailing Address: 1701 Stockfor Street City: Richmond VA            | State: VA         | Zip Code: <b>2</b>     | 22211                                      |
| Telephone: _(804 ) 295 -8681 Email: _cgshaniva @ gmail. com  | Fax: _(           |                        | 3227                                       |
| Property Owner: MACHEL ROBERTS  If Business Entity, name and title of authorized signee:   |                   |                        |  |
| The person or persons executing or attesting the execution of this Applic the has or have been duly authorized and empowered to so execute or at | test.)            | of the Company certifi | es that he or                              |
| Mailing Address: 11237 Thorncroft Drive  |                   |                        | 70 A 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 |
| City: Glen ALLEN   | State: UF         | Zip Code: 2'           | 3060                                       |
| Telephone: _( <u>804</u> ) <u>274</u> 9273   | Fax: _(           | )                      |  |
| mail: MACHEL. ROBERTS & GMAIL-COM  |                   |                        |  |
| Property Owner Signature: Mail Rbuts   |                   |                        |  |

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)