

photocopied signatures will not be accepted.

Application for: COMMUNITY UNIT PLAN

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/

Application is hereby submitted for: (check one)		
preliminary plan	Final Plan	
preliminary plan admendment	Final Plan Admenme	nt
Project Name/Location Property Address: 350 Hioaks Rd Richmond, VA 23225 Tax Map #: c0050776003 & c0050879012 Fee: \$1,750 Total area of affected site in acres: 2.5	5	Date <u>: 07/30/2021</u>
(See page 7 for fee schedule, please make check payable to the	"City of Richmond")	_
Zoning Current Zoning: R-3 Residential (Single Family)		
Existing Use: Retirement/Assisted Living Facility		
Proposed Use (Please include a detailed description of the proposed use in the Building & Parking Lot Expansion for the Barrington at H Existing Use: Retirement/Assisted Living Facility	e required applicant's report) ioaks Retirement and Ass	sisted Living Community
Is this property subject to any previous land use ca Yes No If Yes, please list the Ordinance Num Applicant/Contact Person: Kevin Pennock		
Company: Dewberry Inc		
Mailing Address: 4805 Lake Brook Drive Suite 200		
City: Glen Allen	State: VA	Zip Code: 23060
Telephone: (804) 205.3338	Fax: _(804	290.7928
Email: KPennock@Dewberry.com		
Property Owner: Beaufont Towers C/O Retirement Un If Business Entity, name and title of authorized sign		, agent
(The person or persons executing or attesting the execution of t she has or have been duly authorized and empowered to so exe		the Company certifies that he or
Mailing Address: 90 Town Center Suite 200		04000
City: Daleville	State: <u>VA</u>	Zip Code: 24083
Telephone: (540)266-3711	Fax: _(<u>540</u>)966-6002
Email: andyke@fwinc.com	1/11 1	
Property Owner Signatures / //	Mulles	
The names, addresses, telephone numbers and signatures of all sheets as needed. If a legal representative signs for a property of	owners of the property are re owner, please attach an execu	equired. Please attach additional uted power of attorney. Faxed or

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