

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

CUP-013077-2017

http://www.richmondgov.com/

Application is hereby submitted for: (check of	one)	
preliminary plan	Final Plan	
preliminary plan admendment	Final Plan Admenmen	t
Project Name/Location Property Adress: 9200 Stony Point Parkway Tax Map #: 20010757010 Fee: 4670 Total area of affected site in acres: 170005		Date: 3/17/17
(See page 7 for fee schedule, please make check payable	to the "City of Richmond")	
Zoning Current Zoning: R-2	manus o	
Existing Use: Retail Center	Makan.	
Proposed Use (Please include a detailed description of the proposed use Renovations to the center to refresh hards Existing Use: Retail Center	e in the required applicant's report) capes/amenities and accor	modate new tenants
Is this property subject to any previous land use Yes No If Yes, please list the Ordinance		
Applicant/Contact Person: Mike Laing		
Company: ECI Development Management Services, Inc. Mailing Address: 117 South 14th Street, Suite 303		
City: Richmond	State: VA	Zip Code: 23219
Telephone: _(804)_788-0589_cxt, 103 Email: mikelaing@ecidev.com	Fax: (N/A)
Property Owner: See attached signature sheet		Vie
If Business Entity, name and title of authorized	Signee: See attached signature sheet	
(The person or persons executing or attesting the execution she has or have been duly authorized and empowered to		ne Company certifies that he or
Mailing Address: See attached		
City See attached	State: See attached	Zip Code: See attached
Telephone: _()	Fax: _()
Email: See attached		
Property Owner Signature: See attached	1.0	

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 community unit plans)

Property Owner: TM STONY POINT PARK, L.P., a Delaware limited partnership If Business Entity, name and title of authorized signee: Robert L Koys, Vice President of Development

(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: 1 East Wacker Drive Suite 3600		
City Chicago	State: IL	Zip Code: 60601
Telephone: (_312_) 242-3200	Fax: (312) 242-3201
Email: rkoys@starwoodretail.com		
12016		
Property Owner Signature:		
Property Owner:		
If Business Entity, name and title of authorized signee:		
(The person or persons executing or attesting the execution of this Appl she has or have been duly authorized and empowered to so execute or a		the Company certifies that he or
Sie 1103 Or 11076 Deet dusy bushorized and empowered to 30 execute or a	ittest /	
Mailing Address:		
City:	State:	Zip Code:
City:	Fax: _(
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Property Owner Signature:	Carry Table	
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If Business Entity, name and title of authorized signee: (The person or persons executing or attesting the execution of this Appl	ication on behalf of	the Company certifies that he or
she has or have been duly authorized and empowered to so execute or a	ittest.)	
Mailing Address:		The second second second
City.	State	Zip Code:
Telephone: _()	State: Fax:_(1)
Email:		
Property Owner Signature:		
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Property Owner:	The second second	
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(The person or persons executing or attesting the execution of this Appli she has or have been duly authorized and empowered to so execute or a		the Company certifies that he or
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Mailing Address:		
City.	State:	Zip Code:
Telephone: _()	Fax: _(
Email:		
Property Owner Signature:		

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Property Owner: ECONOMIC DEVELOPMENT ATHOR	ing City	OF RICHMOND	
(The person or persons executing or attesting the execution of this Appli she has or have been duly authorized and empowered to so execute or a		of the Company certifies that he or	
Mailing Address: 1500 E. MAW STREET, \$400 City: RICHMOND Telephone: (804) SZI-400Z Email: SHARON. KERRICK & RICHMONDEDA. ORG.			
Property Owner Signature: 6 Corrow ical Least	mola !	Gutority, City of Reals	mor!
Property Owner: If Business Entity, name and title of authorized signee.			
(The person or persons executing or attesting the execution of this Appli she has or have been duly authorized and empowered to so execute or a		of the Company certifies that he or	
Mailing Address:	State	Zip Code:	
City:	Fax (Application of the state of the	
Property Owner Signature:			
Property Owner:			
If Business Entity, name and title of authorized signee:			
(The person or persons executing or attesting the execution of this Appliance has or have been duly authorized and empowered to so execute or a		of the Company certifies that he or	
Mailing Address:		7.0.1	
City:	Fax: _(Zip Code:	
Property Owner Signature:			
Property Owner: If Business Entity, name and title of authorized signee:			
(The person or persons executing or attesting the execution of this Appliance she has or have been duly authorized and empowered to so execute or a		of the Company certifies that he or	
Mailing Address:	State	Zip Code:	
City:	Fax: _() Zip Code.	
Property Owner Signature:			

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