

photocopied signatures will not be accepted.

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

http://www.richmondgov.com/

| 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: 407 W Duval St. | Date: 8/17/2020 |
| Tax Map #: N0000210019 Fee: \$1,800 | |
| Total area of affected site in acres: 0.048 | |
| | |
| (See <i>page 6</i> for fee schedule, please make check payable to the "City of Richmond") | |
| | |
| Zoning | |
| Current Zoning: R-53 | |
| | |
| Existing Use: Vacant | |
| | |
| Proposed Use | |
| (Please include a detailed description of the proposed use in the required applicant's report) | |
| Three (3) unit multi-family dwelling | |
| Existing Use: Vacant | |
| to this property subject to any proving land use sacce? | |
| Is this property subject to any previous land use cases? | |
| Yes No If Yes, please list the Ordinance Number: | |
| If tes, please list the Ordinance Number. | |
| | |
| Applicant/Contact Person: Mark Baker | |
| Company: Baker Development Resources | |
| Mailing Address: 1519 Summit Ave., Suite 102 | |
| City: Richmond State: VA | Zip Code: 23230 |
| Telephone: _(804) 874-6275 Fax: _(| |
| Email: markbaker@bakerdevelopmentresources.com | |
| | |
| Property Owner: Kyle Johnston | |
| 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 she has or have been duly authorized and empowered to so execute or attest.) | e Company certifies that he or |
| sile has of have been duly authorized and empowered to so execute of attest. | |
| Mailing Address: PO Box 7075 | |
| City: Richmond State: VA | Zip Code: 23221 |
| Telephone: (270) 779-8468 Fax: | 1.0000 |
| Email: kylehjohnston@gmail.com |) |
| | |
| Property Owner Signature: | |
| | |
| The names, addresses, telephone numbers and signatures of all owners of the property are rec | uired. Please attach additional |
| sheets as needed. If a legal representative signs for a property owner, please attach an execut | ed power of attorney. Faxed or |

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