

Ross C. Allen (804) 594-1911 rallen@owenowens.com

April 13, 2021

HAND DELIVERY

City of Richmond Department of Planning and Zoning 900 E. Broad Street, Suite 511 Richmond, VA 23219

Dear City of Richmond Planning and Zoning,

Enclosed please find an application for an amendment to the Special Use Permit for 7012 Marlowe Road, Richmond, Virginia 23225. Supporting documentation will be submitted via email as instructed.

Please let me know if you have any questions or concerns and I look forward to working with you on this project.

Sincerely,

Very truly yours,

Owen & Owens PLC

Ross C. Allen

Cc: Client

RCA

15521 Midlothian Turnpike

Suite 300

Midlothian, VA 23113

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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: 7012 Marlowe Rd. Richmond, Virginia 23225		Date: 4/9/2021
Tax Map #: <u>C005-0600/004</u> Fee: <u>\$1,800.00</u>		
Total area of affected site in acres: 1.016		
(See <i>page 6</i> for fee schedule, please make check payable to the " City	of Richmond")	
Zoning Current Zoning:R-3		
Existing Use: SUP Bank		
Proposed Use (Please include a detailed description of the proposed use in the require Medical Office Building Existing Use: BAnk	ed applicant's report)	
Is this property subject to any previous land use cases? Yes No If Yes, please list the Ordinance Number: Or	rd. No. 97-188-204	
Applicant/Contact Person: Matthew Hamilton		
Company: 7012 Marlowe LLC Mailing Address: 8657 Riverwood Drive		
City: Henrico	State: Va	Zip Code: <u>23229</u>
Telephone: _(804 <u>)401-4005</u> Email:	State: Fax: _(<u>804</u>)343-0170
Property Owner: 7012 Marlowe LLC		
If Business Entity, name and title of authorized signee: Ma	atthew Hamilton	
(The person or persons executing or attesting the execution of this App she has or have been duly authorized and empowered to so execute or	plication on behalf of tattest.)	the Company certifies that he or
Mailing Address: 8657 Riverwood Drive		
City: Henrico	_ State: <u>Va</u>	Zip Code: <u>23229</u>
Telephone: _(804)401-4005	Fax: <u>(</u> 804)343-0170
Email: matt.hamilton@cbre.com		
Property Owner Signature:	Emange	/

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)