

## APPLICATION FOR REZONING/CONDITIONAL ZONING AMENDMENT

This application should be used to petition for a change to the Official Zoning Map or for an amendment of zoning conditions. The following application requirements are consistent with the procedures set forth in Section 1-1015, *Amendments*, of the Isle of Wight County Zoning Ordinance, as amended.

D	✓ Rezoning
[	] Conditional Rezoning (Are voluntary proffered conditions attached?):YesX_ No
R	equest to change the subject property(s) from the <u>SC</u> to the <u>UR</u> zoning district.
Pr	roposed Use or Activity: 12 Unit Conpominium STRUCTURE
_	] Amendment to Conditional Zoning
Re	equest to change conditional zoning as follows (Attach current and proposed conditions):
_	ROJECT DESCRIPTION:
	roject Name: KS CARROLL TON, LLC
Pr	roperty Address (if any): Orner OF CARROLLTON BLUE & SUGAR HILL !
El	lection District: NEW PORT Legal Reference: PARCEL ID 34-01-106B
D	eed-Book# Page#
C	omprehensive Plan Designation:
Th	he rezoning will apply to 1.134 acres out of 1.134 total acres
Ta	ax Parcel Identification # 34-01-1068 Number of Acres to be Rezoned: 1.134
	Requesting Zoning District Change from:toto
Ta	ax Parcel Identification # Number of Acres to be Rezoned:
	Requesting Zoning District Change from:to
Ta	ax Parcel Identification # Number of Acres to be Rezoned:
	Requesting Zoning District Change from:to
Pr	roposed Utilities (check all that apply): Public Water X Private Well

	1.0
C. <u>APPLICATION INFORMATION:</u>	
Applicant(s) Name(s): KS CARROLLTON L.L.C.	
Address: 214 SHIVERS MILL LANE	
City, State, Zip Code: CARROLLTON VIRGINIA	23314
Phone No.: 57 328 3114 Email: PPC CONSTRUCTION 18 AC	L. Com
Property Owner(s) Name(s): NATHAN J. FORREST	
Address: 747 POQUOSON AVE	
City, State, Zip Code: Paguoson VIRGINIA 2:	3662
Phone No.: 57-846-4140 Email: Fax No.:	
Applicants/Owners Affidavit (including compliance with all deed restrictions an	d covenants)
This application must be signed by the owner(s) of the subject property or must have evidence of the owner's consent, which may be in the form of a binding contract of sa signature or a letter signed by the owner(s), containing written authorization to act with the owner(s) behalf in filing this rezoning application. Signing this application shall compliance with all deed restrictions and covenants, and shall constitute the granting County to enter onto the property for the purpose of conducting site analyses and Federal, State and County regulations.  Applicant:  Owner:  Date:  Owner:  Owner:  Owner:  Signature  City of Flaw for County of Isle of Wight, Commonwealth of Virginia	le with the owner's th full authority on certify the owner's of authority of the d compliance with
Subscribed and sworn to before me A Notary Public in and for the County of Isle of Wight, it is a flag of Commonwealth of Virginia, this 28 day of Commonwealth	of Isle of Wight, city of Hamp W y of Drc arbor, 2017 as that Wights on Expires 2013 a 2021
Owner: Owner: Printed or Typed Name Printed or Typed	Nama
Owner: Date: Owner: Signature	Date:
County of Isle of Wight, Commonwealth of Virginia County of Isle of Wight, Commonwealth	lth of Virginia
Subscribed and sworn to before me, A Notary Public in and for the County of Isle of Wight, Commonwealth of Virginia, thisday of, 20  Subscribed and sworn to before me, A Notary Public in and for the County Commonwealth of Virginia, thisday	of Isle of Wight,
Notary Public Notary Public	;
My Commission Expires My Commission Expires	

## COUNTY OF ISLE OF WIGHT DISCLOSURE OF REAL ESTATE HOLDINGS

Applicant EREMY GOOLMAN FOR K.S. CARROL  Address 214 SHIVERS Will LANC  CARROLLON Street A 23314  City State Zip  REAL ESTATE HOLDINGS TO BE AFFECTED  Location or Address Description	llton L.
City State Zip  REAL ESTATE HOLDINGS TO BE AFFECTED	
City State Zip  REAL ESTATE HOLDINGS TO BE AFFECTED	
City State Zip  REAL ESTATE HOLDINGS TO BE AFFECTED	
Location or Address Description	
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VA	
OTHER OWNERS OF AFFECTED REAL ESTATE	
ot Required for Corporation whose stock is traded on a national or local stock exchange or having mo	re than 500
areholders.)	ic man 500
Name of Individuals Corporation/Partnership  Business Association  Address	
	<del></del>
NA NA	
2250	
ther individually, by ownership of stock in a corporation owning such land, partnership, as the beneficiary of a true ttlor of a revocable trust, or whether a member of the immediate household of any member of the Planning Commoverning body has any such interest?  Yes	ist, or the
ves, names of members:	
o solemnly swear that the foregoing statement(s) and attachment; (any, are complete, correct and true.	0
pplicant ERENY H. GOIMAN Applicant: Date:	Mr. 2rd
Printed or Typed Name  Signature  Signature	
mmonwealth of Virginia	•
unty of Isle of Wight	
Boschod and any a hose of Boschon Con It	
bscribed and sworn to before me Doller (Much), Notary Public in and for the County of Isle of Wight, Commonwealth	
Virginia this day of My comme 2018.	
10.31.3000 D	
Notary Public  Notary Public  Notary Public	7
Commission Expires 10.5/-2018	