



OFFICE USE ONLY	
Date Application Received:	
Reviewed by:	
Date Application Deemed Complete:	
Date of Pre-Application Meeting:	
Date Application Fee Paid:	
Tracking No. ZA:	

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

DEPARTMENT OF PLANNING AND NATURAL RESOURCES

Division of Comprehensive & Coastal Zone Planning

St. Croix

340-773-1082

St. Thomas/St. John

340-774-3320

Zoning Map Amendment and Planned Area Development Application

Request is for: Rezoning Use Variance Planned Area Development

1. Applicant SWEETGRASS VALLEY PROPERTIES, LLC
 Mailing Address 6150 EST. LAREINE
 City KINGSHILL State VI Zip 00850
 Telephone 340-778-3156 E-mail mcornelius@gogreenvi.com

Note: Official correspondence will be mailed to the address above

2. Contact Person/Representative MOURELA CORNELIUS
 Telephone 340-778-3156 E-mail mcornelius@gogreenvi.com
 3. Property Address SEE DEED ATTACHED
 4. Tax Assessor's Parcel I.D. Number SEE LIST ATTACHED
 5. Current Zone R-1 Proposed Zone or Use Variance R-3
 6. Site Acreage APPROX. 14 ACRES
 7. Property Owner(s) JOSEPH TODD DONOHOO
 Address 6015 EST. LAREINE
 City KINGSHILL State VI Zip 00850
 Telephone 340-513-8246 Email tdonohoo@gogreenvi.com
 8. Detailed Description of what currently exists on the property: VACANT PROP.

[Empty text box]

[Empty text box]

9. Does what currently exist on the property conform to its current zoning district's requirements? Yes No

10. Detailed Description of Proposal:

[Empty text box]

[Empty text box]

[Empty text box]

11. Is the property served by municipal sewer lines? Yes No

If NO, please explain plan for sewage disposal.

[Empty text box]

[Empty text box]

12. Is the property served by municipal water lines? Yes No

If NO, please explain plans for water supply.

[Empty text box]

[Empty text box]

13. Are there any flood ways on the site? Yes No

14. Are there any cultural/historical resources on the site? Yes No

If YES, describe how the cultural/historical resource(s) will be incorporated into the development proposal.

[Empty text box]

[Empty text box]

[Empty text box]

15. Does the property have any recorded covenants and restrictions?
Yes No

If YES, provide a copy of the restrictions in the application package.

Do they preclude undertaking the uses that are proposed? Yes No

Required Submittals with this application

One electronic OR printed copy of this application along with every item in the checklist below.

Printed documents shall be submitted on letter-sized paper (8.5" x 11"). One copy of the Official Recorded and Numbered PWD/OLG Map shall be submitted on letter-sized paper. Maps, Surveys, Plans, and Renderings shall be submitted in a format no larger than 24" x 36".

- Letter of Application**- Address letter to the Senate President; Indicate name of property owner(s) and authorized agent(s) with mailing addresses and contact numbers, legal physical address and acreage of parcel(s) to be rezoned, current and requested zone, and specific intent for proposal.

- Official Recorded and Numbered PWD/OLG Map** (*Obtained from and certified no more than a year from date of submission by the Office of the Lieutenant Governor, Cadastral Division, St. Croix 773-6449; St. Thomas 774-9906*)

- Adjacent Property Owners Certification**- List of complete names, mailing addresses and plot numbers of all adjacent property owners extending a minimum radius of one hundred and fifty (150) feet from the boundary line of the subject property. **List shall be no older than a year from date of submission.** (*Obtained from the Office of the Lieutenant Governor, Cadastral Division*).

- Recorded Deed** (*Include copy of covenants and restrictions referenced in deed; obtained from the Office of the Lieutenant Governor, Recorder of Deeds, St. Croix 773-6449; St. Thomas 774-9906*)

- Real Property Tax Clearance Letter** (*Obtained from the Office of the Lieutenant Governor, Division of Real Property Tax, Office of the Tax Collector, St. Croix 773-6449; St. Thomas/ St. John 774-2991*) **USE ATTACHED TAX CLEARANCE CERTIFICATE REQUEST FORM**

- Contract of Sale and/or Lease Agreement** (*if applicable*)

- Power of Attorney** (*Notarized Power of Attorney required if applicant/representative is not the property owner(s) of record, if property is owned by more than one person, and/or if property owner is a corporation.*)

- Articles of Incorporation** (*required if the property is owned by a corporation and/or a corporation is the applicant/representative*)

Photographs (*Depicting intervals along the perimeter of the property, its existing on-site conditions, and surrounding neighborhood to the North, South, East, and West*)

Conceptual Site Plan and/or As-built drawing- At a minimum scale of 1 inch = 40 feet and may include the following:

- Conceptual layout of the property.
- Existing/proposed building locations and footprint.
- Location of uses and open spaces.
- Location of watercourses (*guts*) and existing/type of vegetation on the site.
- Location of existing/proposed street and driveways, accesses, and circulation patterns.
- Current use and zoning of the site and adjacent property.
- Landscape design and screening/buffering plan.
- Proposed lot size/density and setback.
- Proposed development timing.

PLEASE NOTE: Submission of the requested information is a prerequisite for a pre-application meeting and **DOES NOT** constitute the submission of an application to the Legislature for a Zoning Map Amendment (Rezoning or Use Variance) or a Planned Area Development. **A determination that an application is complete IN NO WAY implies that additional information may not be required.**

I/We attest that the information submitted on this form is a true and accurate representation of my/our development plan(s) for the property. **WE UNDERSTAND AN INCOMPLETE APPLICATION PACKAGE IS INVALID AFTER ONE YEAR OF INACTIVITY. IN CASES OF DENIAL, RENEWAL APPLICATIONS MAY BE REOPENED ONLY AFTER 12 MONTHS FROM DENIAL DATE (VIC, T. 29, CH. 3, SECTION 238 (D)).**

Print Print
Sign Sign
Date Date