

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

**Official Zoning Map Amendment Request Form**

Zoning Amendment Request is for:     Rezoning                       Use Variance

1. Applicant \_\_\_\_\_ *Raphael W. Bostic* \_\_\_\_\_
- Mailing Address \_\_\_\_\_ *2193 Azalea Circle* \_\_\_\_\_
- City \_\_\_\_\_ *Decatur* \_\_\_\_\_ State \_\_\_\_\_ *GA* \_\_\_\_\_ Zip \_\_\_\_\_ *30033* \_\_\_\_\_
- Telephone \_\_\_\_\_ *626-676-9709* \_\_\_\_\_ E-mail \_\_\_\_\_ *rbostic1000@gmail.com* \_\_\_\_\_

***Note: Official correspondence will be mailed to the address above***

2. Contact Person/Representative \_\_\_\_\_ *Nicholas Schmidt, Greta Nicholls* \_\_\_\_\_
- Telephone \_\_\_\_\_ *340-642-8343 (Schmidt), 340-690-5771 (Nicholls)* \_\_\_\_\_
- E-mail \_\_\_\_\_ *nicholas@seaglassproperties.com (Schmidt), brimsacruz@msn.com (Nicholls)* \_\_\_\_\_
3. Property Address \_\_\_\_\_ *4 Estate Charlotte Amalie New Quarter* \_\_\_\_\_
4. Tax Assessor's Parcel I.D. Number \_\_\_\_\_ *1-05603-0201-00* \_\_\_\_\_
5. Current Zone \_\_\_\_\_ *R-2* \_\_\_\_\_ Proposed Zone or Use Variance \_\_\_\_\_ *Commercial* \_\_\_\_\_

6. Site Acreage 0.69

7. Property Owner(s) Raphael W. Bostic

Address 2193 Azalea Circle

City Decatur State GA Zip 30033

Telephone 626-676-9709

Email rbostic1000@gmail.com

8. Detailed Description of what exists on the property. A 3-bedroom, 1-bath, 1500 square foot masonry structure that has been used for commercial purposes for many years, most recently by a veterinarian

9. Does what exist on the property conform to its current zoning district's requirements?

Yes  No

10. Detailed Description of Proposal: Property is zoned R-2, but has a grandfathered commercial status. Proposal is to convert the zoning to a permanent commercial designation.

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

If no, please explain plan for sewage disposal. Property has a working cistern

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

If no, please explain plan for water supply.

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

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

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

15. Are there any covenants and restrictions of record on the property? Yes  No

If yes, provide a copy of the restrictions.

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

## Required Submittals

**One electronic copy** of this application along with every item in the checklist below or

**Two printed copies** of this application along with two copies of every item in the checklist below:

One (1) Copy for submission to the Division of Comprehensive and Coastal Zone Planning

One (1) Copy for submission to the Legislature

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 zoning map amendment.
  
- Official Recorded and Numbered PWD/OLG Map** (*Obtained from and certified 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. (*Obtained from the Office of the Lieutenant Governor, Tax Assessor Division, St. Croix 773-6459 or 772-3115; St. Thomas 776-8505; St. John 776-6737*).
  
- 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 Department of Finance, St. Croix 773-1105; St. Thomas/ St. John 774-4750*)
  
- 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 or if property is owned by more than one person.*)
  
- Articles of Incorporation** (*required if the property is owned by a Corporation*)
  
- Photographs** (*Depicting intervals along the perimeter of the property, its existing on-site conditions, and surrounding neighborhood*)
  
- Conceptual Site Plan and/or As-built drawing**- At a minimum scale of 1 inch = 40 feet and includes 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 or Use Variance. **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.

Print \_\_\_\_\_ Raphael W. Bostic \_\_\_\_\_  
 Sign \_\_\_\_\_  \_\_\_\_\_  
 Date \_\_\_\_\_ May 8, 2024 \_\_\_\_\_

Print \_\_\_\_\_  
 Sign \_\_\_\_\_  
 Date \_\_\_\_\_