

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					
-	1. Applicant Able Investments, LLC				
1.					
	Mailing Address P.O. Box 2742				
	City Sterling State VA Zip 20167				
	Telephone 301-452-6000 E-mail berrols@yahoo.com				
Note: Official correspondence will be mailed to the address above					
2.	. Contact Person/Representative Errol Baker				
	Telephone 301-452-6000 E-mail berrols@yahoo.com				
3.	Property Address 61-3 Estate Thomas No. 6A New Quarter				
4.	Tax Assessor's Parcel I.D. Number 1-05501-0205-00				
5.	Current Zone R5 Proposed Zone or Use Variance B2				
6.	Site Acreage 1.002				
7.	Property Owner(s) Able Investments, LLC				
	Address P.O. Box 2742				
	City Sterling State VA Zip 20167				
	Telephone 301-452-6000 Email berrols@yahoo.com				
8	Detailed Description of what currently exists on the property: undeveloped land				

	Does what currently exist on the property conform to its current zoning district's requirements? Yes ✓ No		
10.	Detailed Description of Proposal: Construct a 2-story office/commercial building		
(with basement) and a 3-story office/commercial building (with basement);			
	both buildings have a parapet roof, required parking, and one-way traffic roadways.		
11.	Is the property served by municipal sewer lines? Yes No No		
	If NO, please explain plan for sewage disposal.		
12.	Is the property served by municipal water lines? Yes 🗸 No 🔃		
If NO, please explain plans for water supply.			
13.	Are there any flood ways on the site? Yes No No		
14. Are there any cultural/historical resources on the site? Yes No V If YES, describe how the cultural/historical resource(s) will be incorporated int development proposal.			
15.	Does the property have any recorded covenants and restrictions? Yes No No No No No No No 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".

D 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) O 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.)

 \bigcirc **Articles of Incorporation** (required if the property is owned by a corporation and/or

a corporation is the applicant/representative)

Zoning Map Amendment/PAD Application and Checklist Revised 12/2023

	g the perimeter of the property, its existing on- orhood to the North, South, East, and West)		
Conceptual Site Plan and/or As-built feet and may include the following:	drawing- At a minimum scale of 1 inch = 40		
☐ Conceptual layout of the propert	y.		
Existing/proposed building locat	ions and footprint.		
Location of uses and open space	s.		
\[\begin{aligned}	and existing/type of vegetation on the site.		
Location of existing/proposed str patterns.	Location of existing/proposed street and driveways, accesses, and circulation patterns.		
Current use and zoning of the sit	re and adjacent property.		
Landscape design and screening.	buffering plan.		
Proposed lot size/density and set	back.		
Proposed development timing.			
PLEASE NOTE: Submission of the requested application meeting and DOES NOT constitute Legislature for a Zoning Map Amendment (Rez Development. A determination that an applicadditional information may not be required.	e the submission of an application to the coning or Use Variance) or a Planned Area		
AN INCOMPLETE APPLICATION YEAR OF INACTIVITY. IN CASES	lan(s) for the property. WE UNDERSTAND PACKAGE IS INVALID AFTER ONE OF DENIAL, RENEWAL SED ONLY AFTER 12 MONTHS FROM		
_{Print} Errol Baker	Print		
Sign Errol Baker Digitally signed by Errol Baker Date: 2024.06.07 10:23:35 -04'00'	Sign		
Date 6/7/2024	Date		