

Office Use Only	
Date Application Received:	<u>4-5-2024</u>
Reviewed by:	<u>JEWEL POLIMIS</u>
Date Application Deemed Complete:	_____
Date of Pre-Application Meeting:	<u>2-22-2024</u>
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 Evolve USVI LLC

Mailing Address P.O. Box 702

City Frederiksted State VI Zip 00841

Telephone (340) 226-5875 E-mail dave@victoryphones.com

Note: Official correspondence will be mailed to the address above

2. Contact Person/Representative Clarence Browne, Design District, PLLC

Telephone (340) 227-6265 E-mail clarence@designdistrictvi.com

3. Property Address 42 Strand Street, Frederiksted, VI 00820

4. Tax Assessor's Parcel I.D. Number 407605010400

5. Current Zone W-1 Proposed Zone or Use Variance R-3

6. Site Acreage 0.19 Acres

7. Property Owner(s) Evolve USVI LLC

Address P.O. Box 702

City Frederiksted State VI Zip 00841

Telephone _____ Email _____

8. Detailed Description of what exists on the property. Vacant

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

Yes No

10. Detailed Description of Proposal:

Expansion of the Fred Hotel.

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

If no, please explain plan for sewage disposal. _____

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.

The proposed design will envelope around the remainder of existing foundation wall.

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 Clarence Browne

Sign 

Date 4/5/2024

Print _____

Sign _____

Date _____