#### Electronically submit your application into DPNR's e-permitting portal

- 1. Go to citysquared.com.
- 2. Select US Virgin Islands for "Municipality."
- 3. Click on DPNR- permit applications.
- 4. Select Division of Comprehensive and Coastal Zone Planning then permit types.
- 5. Select appropriate permit type:
  - a. Group Dwelling
  - b. Subdivision-Final
  - c. Subdivision-Preliminary
  - d. Zoning Certification
  - e. Zoning Map Amendment/Planned Area Development
- 6. Register/log into your portal to upload the completed application and accompanying documents.
- 7. Any questions or to review an end user's training video, please contact CCZP staff.

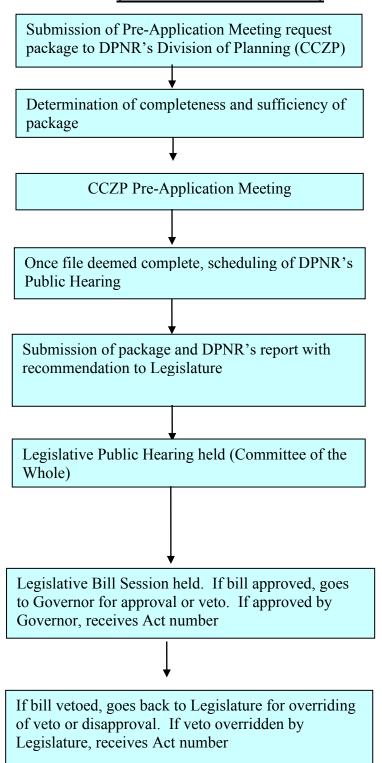
| DPNR's Division of Comprehensive and Coastal Zone Planning |                                   |  |  |
|--|-----------------------------------|--|--|
| 2024 Public Hearing Schedule                               |                                   |  |  |
| Deadline for Submission of Complete Application (first     |                                   |  |  |
| Friday of each month)                                      | Public Hearing Date (week of_)*** |  |  |
| 12/1/2023  | 1/15/2024                         |  |  |
| 1/5/2024   | 2/19/2024                         |  |  |
| 2/2/2024   | 3/18/2024                         |  |  |
| 3/1/2024   | 4/15/2024                         |  |  |
| 4/5/2024   | 5/20/2024                         |  |  |
| 5/3/2024   | 6/17/2024                         |  |  |
| 6/7/2024   | 7/22/2024                         |  |  |
| 7/5/2024   | 8/19/2024                         |  |  |
| 8/2/2024   | 9/16/2024                         |  |  |
| 9/6/2024   | 10/21/2024                        |  |  |
| 10/4/2024  | 11/18/2024                        |  |  |
| 11/1/2024  | 12/16/2023                        |  |  |
| 12/6/2024  | 1/20/2025                         |  |  |

EACH PUBLIC HEARING IS LIMITED TO A MAXIMUM OF 4 APPLICATIONS. AFTER THE MAXIMUM HAS BEEN REACHED, ADDITIONAL APPLICATIONS WILL BE PLACED ON THE NEXT AVAILABLE DATE.

\*\*\*Note: The dates are subject to change\*\*\*

Updated as of 12/1/2023

# <u>Procedure for all Zoning Map Amendment and Planned Area Development Proposals</u> (Process takes 3+ months)



Please note Planned Area Development approvals are only valid for two years from date of approval by the Legislature. If construction does not proceed, approval shall be void and entire matter resubmitted for reconsideration unless revised plan/schedule submitted to Planning Office. VIC, T. 29, Ch. 3, Section 232 (b).

# **ZONING MAP AMENDMENT FEES**

**Application Fee: \$250** 

#### In addition to the above:

| 1 acre but less than 5 acres    | \$5.00 per acre   |
|---------------------------------|-------------------|
| 5 acres but less than 10 acres  | \$10.00 per acre  |
| 10 acres but less than 20 acres | .\$15.00 per acre |
| 20 acres or more                | \$20.00 per acre  |

## PLANNED AREA DEVELOPMENT FEES

#### **Application Fee \$250**

#### In Addition to the above:

| One acre but less than 5 acres  | \$10.00 per acre  |
|---------------------------------|-------------------|
| 5 acres but less than 10 acres  | .\$15.00 per acre |
| 10 acres but less than 20 acres | .\$20.00 per acre |
| 20 acres or more                | \$25.00 per acre  |

#### ADDITIONAL FEES PAID BY APPLICANT

**Certified Mail-** postage and mailing of letters prepared by DPNR to adjacent property owners notifying them of scheduled public hearing.

**Newspaper Ads-** the cost of the advertisement of the agenda for the public hearing shall be divide amongst all applicants involved in the hearing.

**Transcript-** the cost of the transcript of the testimony recorded at the public hearing shall be divided amongst all applicants involved in the hearing.



| 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**

| Reque | st is for: Rezoning Use Variance Planned Area Development                          |  |  |  |  |
|-------|--|--|--|--|--|
| 1.    | 1. Applicant Najocki Boyd  |  |  |  |  |
|       | Mailing Address c/o Law Offices of Jennifer Jones, 9003 Havensight Mall, Suite 319 |  |  |  |  |
|       | City St. Thomas State VI Zip 00802   |  |  |  |  |
|       | Telephone 340-779-7386 E-mail jjones@vienvironmentallaw.com                        |  |  |  |  |
|       | Note: Official correspondence will be mailed to the address above                  |  |  |  |  |
| 2.    | Contact Person/Representative Jennifer Jones, Esq.                                 |  |  |  |  |
|       | Telephone Same as above E-mail Same as above                                       |  |  |  |  |
| 3.    | Property Address Parcel No. 19-1-2-4 Estate Smith Bay, St. Thomas, Virgin Islands  |  |  |  |  |
| 4.    | Tax Assessor's Parcel I.D. Number 1-05803-0130-00                                  |  |  |  |  |
| 5.    | Current Zone R-1 Residential Proposed Zone or Use Variance B-3 Business-Scattered  |  |  |  |  |
| 6.    | Site Acreage 1.022 U.S. acres  |  |  |  |  |
| 7.    | Property Owner(s) Najocki Boyd and Kit-Alia Freeman                                |  |  |  |  |
|       | Address P.O. Box 502934  |  |  |  |  |
|       | City St. Thomas State V.I. Zip 00805   |  |  |  |  |
|       | Telephone Email hervanaproperties@gmail.com  |  |  |  |  |
| 8.    | Detailed Description of what currently exists on the property: The property        |  |  |  |  |

|     | presently has a 2-story concrete structure under construction and is  |  |  |  |  |  |
|-----|---|--|--|--|--|--|
|     | enclosed by an existing chain link fencing.   |  |  |  |  |  |
|     | Does what currently exist on the property conform to its current zoning district's requirements? Yes   No   No  |  |  |  |  |  |
| 10. | . Detailed Description of Proposal:  The requested zoning change and variance will allow for the construction and operation                                     |  |  |  |  |  |
|     | of six 3-story concrete structures for mixed residential and commercial uses. The residential complexes   |  |  |  |  |  |
|     | will consist of 28 total units. The commercial element will include a children's daycare center,  |  |  |  |  |  |
|     | commercial/business offices, mailbox rentals, and warehouse and storage unit rentals, for a total of13 units.   |  |  |  |  |  |
|     | 1. Is the property served by municipal sewer lines? Yes No  |  |  |  |  |  |
|     | If NO, please explain plan for sewage disposal. Each building will have its own   |  |  |  |  |  |
|     | sewage disposal system with the appropriate leachate fields located   |  |  |  |  |  |
|     | away from residences and buffered from sight of adjacent parcels.   |  |  |  |  |  |
|     | 2. Is the property served by municipal water lines? Yes No  |  |  |  |  |  |
|     | If NO, please explain plans for water supply. Each building will have its own cistern.  |  |  |  |  |  |
|     | In addition, the buildings will be connected to the public system as a back-up  |  |  |  |  |  |
|     | supply water and tenants will have access to well water.  |  |  |  |  |  |
| 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. There are no known historic ruins on the property. |  |  |  |  |  |
|     |   |  |  |  |  |  |
|     |   |  |  |  |  |  |
|     |   |  |  |  |  |  |
| 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".

- ☑ 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)

|   |   | g the perimeter of the property, its existing orhood to the North, South, East, and W  |        |
|---|---|--|--------|
| Conceptual Site Plan feet and may include the   |   | drawing- At a minimum scale of 1 inch  | n = 40 |
| ☑ Conceptual lay  | out of the property   | y.   |        |
| Existing/proposition  | Existing/proposed building locations and footprint.   |  |        |
| Location of use   | Location of uses and open spaces.   |  |        |
| Location of wa  | tercourses (guts) a   | and existing/type of vegetation on the si  | ite.   |
| Location of existing/proposed street and driveways, accesses, and circulation patterns. |   |  | ation  |
| Current use and   | I zoning of the site  | te and adjacent property.  |        |
| Landscape desi  | gn and screening/   | /buffering plan.   |        |
| Proposed lot size   | ze/density and seth   | tback.   |        |
| Proposed devel  | opment timing.  |  |        |
| application meeting and <b>DOE</b><br>Legislature for a Zoning Map                      | S NOT constitute<br>Amendment (Rezo<br>on that an applica   | information is a prerequisite for a pre-<br>e the submission of an application to the<br>zoning or Use Variance) or a Planned A<br>cation is complete IN NO WAY implie | rea    |
| representation of my/o AN INCOMPLETE A YEAR OF INACTIV                                  | ur development pl<br>APPLICATION I<br>ITY. IN CASES<br>AY BE REOPEN                               | ed on this form is a true and accurate blan(s) for the property. WE UNDERS' PACKAGE IS INVALID AFTER OF OF DENIAL, RENEWAL NED ONLY AFTER 12 MONTHS FRECTION 238 (D).  | NE     |
| Print Jennifer Jones,   | Attorney  | Print  |        |
| Sign a226-11085664878a  | Digitally signed by 6815fc4f-e1bd-43b3-<br>a226-11085664878a<br>Date: 2024.11.01 10:58:59 -04'00' | Sign   |        |
| Date 11/01/2024   |   | Date   |        |



### OFFICE OF THE LIEUTENANT GOVERNOR

## **DIVISION OF REAL PROPERTY TAX**

## OFFICE OF THE TAX COLLECTOR

5049 Kongens Gade • Charlotte Amalie, Virgin Islands 00802 • 340.774.2991 • Fax 340.779.7825 1105 King Street • Christiansted, Virgin Islands 00820 • 340.773.6449 • Fax 340.719.2355

# TAX CLEARANCE CERTIFICATE REQUEST

| 12-CHARACTER                                 | DATE:  |                      |                             |
|--|--|----------------------|-----------------------------|
| PROPERTY ADD                                 | RESS DESCRIPTION:                                    |                      |                             |
| REGISTERED IN                                | THE NAME OF:   |                      |                             |
| LETTER REQUES                                | TED BY: EMAII  | <u>.</u> :           |                             |
| TELEPHONE NO.:                               | DESIRED  | OFFICE OF PICKUP: ST | TT STX STJ                  |
| MAILING ADDRES                               | SS:  |                      | VIA MAIL                    |
| Quantity                                     | Description  | Unit Price           | Total                       |
|  | Tax Bill Reprint                                     | Free online          | https://propertytax.vi.gov/ |
|  | Paid Receipt Reprint                                 | Free online          | https://propertytax.vi.gov/ |
|  | Tax Status Report (3-5 Business Days)                | Free online          | https://propertytax.vi.gov/ |
|  | Tax Clearance Certificate (Same Day or 2 Business Da | ys) \$25.00          |                             |
|  | Certificate Expedite Fee (2 Business Days)           | N/A                  |                             |
| PLEASE DO NOT WRITE BELOW THIS LINE Total \$ |  |                      |                             |
| CASHIER NAME:                                |  | RECEIPT #:           |                             |
| PAYMENT STAM                                 | P:   |                      |                             |
| RESEARCHED BY:                               |  | RESEARCH             | DATE:                       |