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 [XXX] Use Variance [ ] Planned Area Development [ ]

1. Applicant CORNERSTONE HOLDINGS, LLC

   Mailing Address 1692 PRINDSENS GADE SUITE 5

   City ST. THOMAS State VI Zip 00802

   Telephone 340-201-6681 E-mail cornerstoneholdingsllcusvi@gmail.com

   Note: Official correspondence will be mailed to the address above

2. Contact Person/Representative DARREN JOHN-BAPTISTE

   Telephone 340-201-6681 E-mail DJOHNBAP@GMAIL.COM

3. Property Address 32A HOSPITAL LINE, ST THOMAS VI 00802

4. Tax Assessor's Parcel I.D. Number 1-05401-0707-00

5. Current Zone R3 Proposed Zone or Use Variance B2

6. Site Acreage 0.2456

7. Property Owner(s) CORNERSTONE HOLDINGS, LLC

   Address 1692 PRINDSENS GADE SUITE 5

   City ST THOMAS State VI Zip 00802

   Telephone 340-201-6681 Email cornerstoneholdingsllcusvi@gmail.com

8. Detailed Description of what currently exists on the property: two 40 foot storage

containers with contrcution materials needed for rebuilings at 45 & 46 Prindsens Gade are presently temporarily being stored there

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

10. Detailed Description of Proposal: Placement of food and drink mobile vans on the lower side of the property providing food and drinks to locals and visitors, will include restrooms and seating area. Longterm a multilevel building housing a healthfood store, spa and yoga studio will be built focusing on health and wellness

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

If NO, please explain plan for sewage disposal. property is undeveloped but will be tied into the government sewer line which is presently accessible the next lot over.

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

If NO, please explain plans for water supply. there was meter there plans are underway to reestablish a water meter.

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

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

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

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

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	Darren John Baptiste	Print	
Sign		Sign	
Date	7/22/26	Date	