

Office Use Only

Date Application Received: 8-26-2024

Reviewed by: LEIA LAPLACE

Date Application Deemed Complete: _____

Date of Pre-Application Meeting: 12-15-2022

Date Application Fee Paid: N/A

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 Virgin Islands Department of Health - Office of the Commissioner - Division of Project Management & Capital Projects

Mailing Address 4006 Estate Diamond Ruby, Suite 104

City Christiansted

State VI

Zip 00820

Telephone 340-712-0178

E-mail rosalinda.browne@doh.vi.gov

Note: Official correspondence will be mailed to the address above

2. Contact Person/Representative Rosalinda Browne

Telephone 340-712-0178

E-mail rosalinda.browne@doh.vi.gov

3. Property Address Portion of Remainder, Plot 11, Estate Penitentiary Land

4. Tax Assessor's Parcel I.D. Number 2-04900-0130-00

5. Current Zone R-3 Proposed Zone or Use Variance P (Public)

6. Site Acreage 2.10 (more or less)

7. Property Owner(s) Virgin Islands Housing Authority *Property is leased to Department of Health
- Address 9299 Estate Slob 3500 Estate Richmond Christiansted, VI 00920
- City Kingshill State US Virgin Islands Zip 00850
- Telephone 340-777-8442 Email rgraham@vihousing.org
8. Detailed Description of what exists on the property. The current property is vacant, former site of the Ralph de Chambert Housing Project. Proposed use shall place Dept. of Health GermFree Laboratories and temporary EMS Regulatory office onto the site. GermFree Laboratories shall relocate existing facilities from the current Charles Harwood site, and expand those facilities at the new site.
9. Does what exist on the property conform to its current zoning district's requirements?
☐ Yes ☒ No *Existing use: vacant | Proposed use: is similar to allowable R-3 conditional uses.
 However, CCZP will require rezoning to "P" zone permanently.
10. Detailed Description of Proposal:
 The proposal seeks to rezone the parcel from its current R-3 to P (Public). This will provide the greater consistency with the proposed and allowable uses (medical laboratory services + offices) and alignment with the current adjacent zoning covering the neighboring Charles Harwood site.
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.
15. Are there any covenants and restrictions of record on the property? Yes ☐ No ☒
 *Property is leased.
 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*) (N/a)
- ☒ **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.

- x Landscape design and screening/buffering plan.
- x Proposed lot size/density and setback.
- x 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 _____

Sign _____

Date _____

Print _____

Sign _____

Date _____