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# Application for Conditional Use Permit

## Town of Irvington

P.O. Box 174, Irvington, VA 22480  
804-438-6044 (Zoning & Land Use)  
Application Fee \$200

Internal Use Only	
RECEIVED	11/22/20
APP FEE PD	\$200, ck # 1237
APPLICATION #	_____
PC Public Hearing	_____
TC Public Hearing	_____

**IMPORTANT NOTE:** The application must be filled out completely. The application may not be signed by an agent or attorney but must be signed by the owner, agent of owner or owners before a Notary Public in the space provided on page 4.

Applicant Name (s): Heath Kindie / Clearview Homes VA LLC

Tax Map Parcel(s): 33376

Address/Location: 277 Steamboat Road Irvington, VA 22480

Deed Restrictions: Yes \_\_\_ No X (If yes, attach copy of deed) Current Zoning C1

Proposed Use: short term rental

Acreeage of Parcel: 0.43 Overlay District(s): Chesapeake Bay \_\_\_ Yes \_\_\_ No

Is this an amendment to an existing conditional use permit? If so, provide CUP number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
A scale drawing (see p.3) is required to be attached to any CUP application. Is a scale drawing attached to this application?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is this an application for a private pier or dock? If so, please attach your VMRC and ACOE applications and permits.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Owner or Agent Contact: Heath Kindie

Address: 2228 W Great Neck Rd Suite 204

City: Virginia Beach State: VA Zip: 23451

Phone Number: 757-481-0212 Email address: heath@axongroup.biz

Official Owner(s) of Record (If different than applicant): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**IF SHORT TERM RENTAL, PLEASE ALSO COMPLETE THE FOLLOWING:**

NAME OF STR: Charming 1850's renovated home in Irvington

Physical address of STR: 277 Steamboat Road  
Irvington, VA 22480

Hosting Platforms – circle all that apply:  VRBO  Airbnb  Word-of-Mouth  Website

Other \_\_\_\_\_

If Website or Other, Please identify: \_\_\_\_\_

Under risk of penalty of perjury, do you certify compliance with STR Safety regulations at this STR property, per Town Code § \_\_\_\_\_ (circle one)?  YES  NO

Under risk of penalty of perjury, do you certify that the STR Safety Regulations (Town Code § 154.184) and the Prohibited Activities in the STR (Town Code § 154.185) are posted in a prominent place in the STR premises, in at least 12 point font (circle one)?  YES  NO

Provide Certificate of Occupancy or ensure that it is on record at Town Office, or lacking a Certificate of Occupancy, obtain/provide a formal determination of the Zoning Administrator that the STR is eligible for a C/O: yes, we will obtain formal determination for eligibility

Business Insurance for STR or Short Term Rental Commercial Insurance (licensed in Virginia):

Name of Insured Party: Heath Kinler

Name of Insurer: Sheddy Insurance

Contact Information: 910-452-9877

Limits (minimum \$500,000): \$500,000

Local (under 60 minutes, 24/7) Manager(s)/Officer(s): Julia Mice

Phone: 434-544-1864 Email: Julia.saxby@axongroup.biz

**PLEASE NOTE: Business license/STR registration will not be issued or completed until this application is completed and returned to the Town Office of Irvington, P. O. Box 174, Irvington, VA 22480, or you can email the completed form to [info@town.irvington.va.us](mailto:info@town.irvington.va.us), and fee is paid and received. STR Registry is not complete until approved.**

For staff use only. \$30 Fee Received: YES NO Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Zoning Verification: YES NO Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Does the property owner also own or have any ownership interest in any abutting property? If yes, please list those tax map numbers: **NO**

Section 154.017 of the Town of Irvington Zoning Ordinance provides guidelines for conditional use permit applications. Please address the following standards which will be reviewed by the staff in analysis of your request. If you need assistance filling out these items, staff is available.

Provide a written statement demonstrating that: **Attached.**

1. The establishment, maintenance or operation of the CUP will not adversely affect the public health, safety, morals and general welfare and is in compliance with the Chesapeake Bay Act;
2. The establishment of the CUP will not substantially diminish or impair property values within the neighborhood nor will it be detrimental to the environment and surrounding properties;
3. The purpose of the CUP is to provide for certain uses which may not be compatible with certain surrounding uses or which may be compatible with surrounding uses only if the use in question is established in conformance with certain limiting conditions;
4. That proper landscape designs detailing plantings, screening for sight and sound and proper buffers be provided, that only certain appropriate activities shall occur;
5. Adequate utilities, and off street parking are provided;
6. That soil erosion and sedimentation be avoided;
7. The height, area, yard and sign limitations shall be the same as for other uses in the district;
8. That businesses and other operations be carried out only at appropriate times;
9. The establishment of the CUP is not in conflict with the Comprehensive Plan;
10. The CUP shall, in all other respects, conform to the applicable regulations of the zoning district in which it is located, except as such regulations may, in each instance, be modified by the Governing Body.

(Governing Body may impose reasonable conditions to make use compatible, to protect environment, surrounding properties, persons, neighborhood values.)

Please attach your written statement with this document upon submission.

Describe your request in detail and include any relevant information such as the number of persons involved in the use, operating hours, or any unique features of the proposed use.

We are requesting the acceptance of this home to be used for short term rental purposes. There are 4 bedrooms - in which we would allow 2 people per bedroom. Our business hours are 8:30 Mon-Fri, but our property manager is available 24/7. The home has ring cameras on the exterior of the property, noise aware installed which measures noise decibels to ensure noise is monitored; quiet hours are abided by. All guests are also prescreened for approval & sign a rental agreement w/ ID verification & a card on file for security purposes.

If any improvements are being proposed, briefly state whether new structures are to be constructed, existing structures are to be used or modifications, expansion, reconstruction, or additions are to be made to existing structures. If available, provide dimensions of any structures that will be used for this CUP.

The home was recently renovated and upgraded with new flooring, appliances, fixtures. This is a 4 bedroom, 2 bathroom home with 2 levels. The home was designed where two travelling families could vacation together in the same home, while also having the capability for privacy.

**Attachments Required** – provide three copies of each

1. A scale drawing showing the size and shape of the parcel of land on which the proposed use is located. Scale drawing shall show the size and shape of the parcel of land on which the proposed building is to be constructed, the nature of the proposed use of the building or land and the location of such building or use with respect to the property lines of said parcel of land to the right-of-way of any street or highway adjoining said parcel of land.
2. Ownership information – If ownership of the property is in the name of any type of legal entity or organization including, but not limited to, the name of a corporation, partnership or association, or in the name of a trust, or in a fictitious name, an acceptable document must be submitted certifying that the person signing below has the authority to do so.

HUD attached.

**Certification**

State of Virginia, Town of Irvington, To Wit

I (We) Heath Kindle, being duly sworn, depose and say that I am the Owner/Or Agent of Owner of the property involved in the application. If I am not the Owner, I have attached written certification from the owner granting me the right to submit this application. I further declare that I have familiarized myself with the rules and regulations pertaining to preparing and filing this application and that the foregoing statements and answers provided herein are in all respects true and correct.

I have read this application, understand its intent, and freely consent to its filing. Furthermore, I have the power to authorize and hereby grant permission to Town of Irvington officials and other authorized government agents on official business to enter the property as necessary to process this application and to monitor compliance with any permit issued hereunder. I hereby have posted a notice on my property, near the boundary, in a place visible to the public notifying the public of my application.

[Signature] 11-17-22  
Signature of Owner or Agent Date  
2228 West Great Neck Rd #204 757-481-0212  
Mailing Address Virginia Beach, VA 23461 Phone No.

Subscribed and sworn to before me this 17 day of November, 2022.

CHERYL LYNN BARNES  
Notary Public  
Commonwealth of Virginia  
Registration No. 7643785  
My Commission Expires Dec 31, 2023

[Signature]  
Notary Public

[Signature] 11-17-22  
Signature of Property Owner Date  
2228 West Great Neck Rd #204 757-481-0212  
Mailing Address Phone No.

Subscribed and sworn to before me this 17 day of November, 2022.

CHERYL LYNN BARNES  
Notary Public  
Commonwealth of Virginia  
Registration No. 7643785  
My Commission Expires Dec 31, 2023

[Signature]  
Notary Public