

KING CARTER HOLDINGS LLC

10009 Magnolia Bend

Bonita Springs, FL 34135

June 7, 2024

Megan McQuillan
Bay Rising LLC
T/A Flyer
904 Oak Lane
Kilmarnock, VA 22482

Reference: Irvington Conditional Use Permit

Dear Megan:

This letter is provided as written authorization to submit the Conditional Use Permit (CUP) application to the Town of Irvington to operate a retail establishment on the property located at 4282 Irvington Road.

Upon approval of the CUP, a lease agreement will be executed setting forth the terms and conditions for the rental of this property in accordance with the CUP application.

Sincerely,



Terri Wesselman
Member & Manager



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 | 7-3-21 |
| APP FEE PD | _____ |
| 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): KING CARTER HOLDINGS LLC

Tax Map Parcel(s): 33 429

Address/Location: 4282 IRVINGTON ROAD

Deed Restrictions: Yes ___ No X (If yes, attach copy of deed) **Current Zoning** _____

Proposed Use: RETAIL

Acreage of Parcel: .713 **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: KING CARTER HOLDINGS LLC & BAY RISING LLC

Address: 10009 MAGNOLIA BEND

City: BONITA SPRINGS **State:** FL **Zip:** 34135

Phone Number: 703-475-9420 **Email address:** terri@omnidesigngroup.net

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

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email address:** _____

Does the property owner also own or have any ownership interest in any abutting property? If yes, please list those tax map numbers: YES

33 430

33 433

33 431

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:

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.

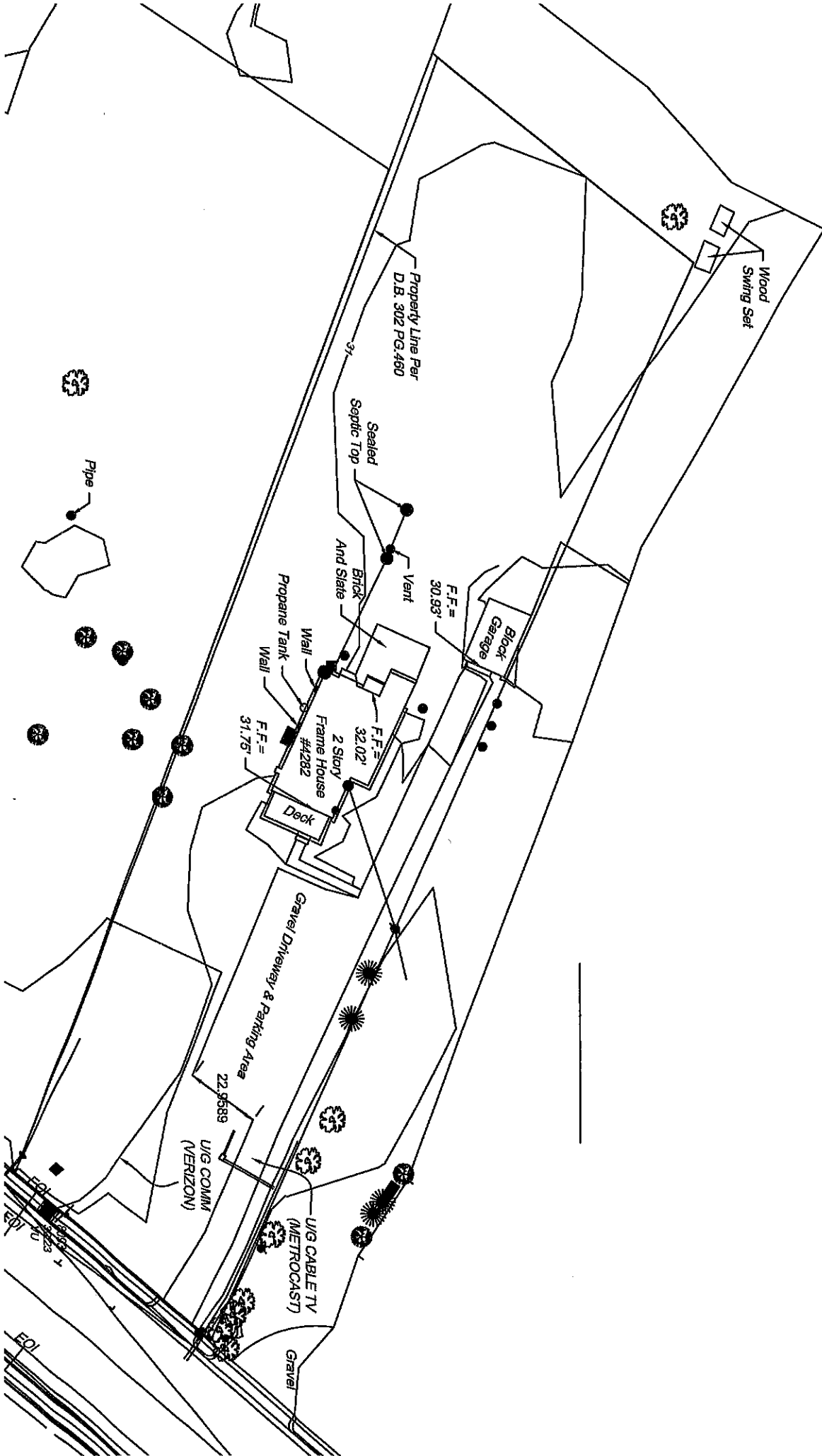
Relocation of a retail establishment
Hours: Wed - Sun 10-6p

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.

GRAVEL DRIVEWAY WILL BE EXPANDED TO INCLUDE A PARKING AREA IN THE FRONT TO ACCOMODATE 4-5 CARS FOR OFF-STREET PARKING

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.



For Office Use Only

Approved

Disapproved

Permit Number _____

\$20 Fee Collected Yes Cash Check No Fee Collected

US

Reason _____

Town Administrator/Zoning Official _____

Date _____

07/02/2024 Date
Application (\$20 Filing Fee)

Sign Permit

Please make checks payable to Town of Irvington

Megan McQuillan

Applicant Name
(if different)

Name of Property Owner (if different)

King Carter Holdings
4282 Irvington Rd.
Property Location

mcquillanm222@gmail.com 804-436-5915

Applicant Contact Information
Phone

Email
Mobile Phone

Home

33 429

Tax Map Parcel Number

Zoning Classification

Duration of Display: Permanent Temporary Date of Removal: _____

Nature of Applicant: Business Church School Non Profit

Type of Sign (see size requirements §154.197)
Dimensions

Requested Sign

Site Location(s)