

Rezoning Application Submittal & Review Procedure

Anticipated review time is a minimum of 3 months



- All materials labeled & submitted to Planning Department share file. Labeled with: Project name, type of document (application, narrative, exhibit, Fiscal Impact Analysis, etc.), 1st Submittal
- If seeking a waiver for the required reports, a waiver request must be submitted to the Planning Department in advance of the application in order to ensure that any reports may be waived. When submitting the full application, all reports must be provided or a waiver signed by the Director outlining the reports that have been waived. It recommended that this be 2 weeks prior to submitting the full application.
- Proof of signatory authority if signing on behalf of owner and/or entity.
- Taxes paid
- Hard copy “ink signed” application submitted to the Planning Department
- Invoice paid & receipt provided
- **BE ADVISED: There is a \$500 fee after the 2nd deferral and a \$90 fee for signs which are not returned to the Planning Department and signed in.**



- Please be advised that the minimum review (or completion) time for this application is 90 days.
- The Planner assigned will reach out to issue comments or to indicate it is ready to move forward to public hearing. Please be advised that each resubmittal will add an additional 30 days of review to the minimum review time.



If plans need to be resubmitted:

- All materials should be uploaded to the Planning Sharefile and labeled as follows:
 - Case number (RZN2023-00022), project name, type of document (application, title report, plan, etc.), and submittal number (2nd, 3rd, etc.)
- Please reach out to the Planning Department at 757-514-4060 to confirm your documents have been received.

Repeat this step until all Land Use comments have been addressed and the Planner has notified you the application is ready for Planning Commission.



If this application is considered a significant item there will be a 30-day delay in the application moving forward to Planning Commission:

- Once the application is ready for Planning Commission the Planner will send you email letting you know when to pick up signs and post them on the property. This signs will be required to remain posted to the property until all public hearings have been completed.
- On the Friday before the Planning Commission meeting, a copy of Staff’s report will be provided to you. The applicant or authorized representative should be available to attend the Planning Commission meeting to speak in favor of your application or address any questions from the Commissioners. This is not required; however it is strongly recommended.
- Once the Planning Commission makes their recommendation the application will move forward to City Council for a final decision.



- On the Friday before the City Council meeting, a copy of Staff’s report will be provided to you. The applicant or authorized representative should be available to attend the City Council meeting to speak in favor of your application or address any questions from Council. This is not required; however, it is strongly recommended.
- Once City Council has made their decision the planner will notify you when your documents are ready for pick up to be recorded at the Courthouse.

Applicants Signature: _____

A handwritten signature in blue ink, appearing to read "M. H. [unclear]".

Date: 11-13-24

City of Suffolk Department of Planning
APPLICATION FOR REZONING/CONDITIONAL REZONING



OFFICE INFORMATION: To be completed by staff			
Application Number:		Date Paid:	
Taxes Paid:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Application Fee Paid:	
Project Name:	Project Address or Tax Map:		
Date of Decision:		Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

PART 1- GENERAL INFORMATION: To be completed by applicant

Important Notice: Only complete hard copy applications with original signatures are accepted. The estimated review time for a rezoning application is a minimum of ninety (90) days. It is highly encouraged that applicants attend a pre-submittal meeting, which is coordinated by the Department of Economic Development (514-4040), prior to submitting an application.

Select Application Type:

Rezoning – Base fee of \$840 + \$40 per acre or portion thereof after one acre

Conditional Rezoning – Base fee of \$1,040 + \$40 per acre or portion thereof after one acre

Rezoning/ Conditional Rezoning Resubmittals & Deferrals- \$500 after 2nd submittal *MAA*

Significant Applications: Please acknowledge that the following projects require **an additional 30 days** of advertisement on the City’s website and a briefing before the Planning Commission and City Council the month prior to the scheduled public hearing and consideration by Planning Commission. Applications involving: a) 100 or more dwelling units, b) 100,000 SF of commercial uses, c) 100 acres or more of property, or as determined at the discretion of the Director of Planning & Community Development.

Applicant initials: *MAA*

Property Address: 494 Manning Road Tax Map Number: 33*75 ,33*75A

Account Number: 151078000, 151069000 Existing Zoning: A

Total Site Acreage: 113.29 Area to be Rezoned: 113.29

Proposed Zoning District(s): RLM

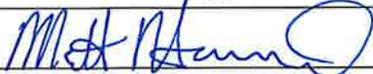
Proposed Residential Density (if applicable): 2.9 units per acre

Summary of Proposed Uses/Improvements to the Property: Proposing 300 units comprised of fee simple detached units

PART 5- CONTACT INFORMATION: To be completed by applicant, owners, and other contacts

This application must be signed by the property owner(s) or must have attached to it written evidence of the owner's consent, which may be in the form of a binding contract of sale, a letter signed by the owner(s), articles of incorporation, or operating agreement authorizing the applicant to act as his or her agent. Signing this application shall constitute the granting of authority of the City to enter onto the property for the purpose of conducting site analyses.

Applicant Information/Person or Company to be Invoiced:

Name: Matt Howard Company: Manning Road Development Group, LLC
Address: 5807 Portsmouth Blvd City, State, Zip: Portsmouth, Va. 23701
Email: matthoward@coastalva.org Phone Number: COS - PII
Applicant Signature:  Date: 11-13-24

Property Owner(s) Information (Complete if different from applicant):

Name: _____ Company: _____
Address: _____ City, State, Zip: _____
Email: _____ Phone Number: _____
Owner Signature 1: _____ Date: _____
Name: _____ Company: _____
Address: _____ City, State, Zip: _____
Email: _____ Phone Number: _____
Owner Signature 2: _____ Date: _____

Other Contacts (Such as engineers, surveyors, architects, agents, attorneys, owners, etc.):

Name: _____ Company: _____
Address: _____ City, State, Zip: _____
Email: _____ Phone Number: _____
Specify type of contact/relationship: _____
Signature: _____ Date: _____
Name: _____ Company: _____
Address: _____ City, State, Zip: _____
Email: _____ Phone Number: _____
Specify type of contact/relationship: _____
Signature: _____ Date: _____

PART 2- REQUIRED INFORMATION FOR APPLICATION: To be completed by applicant

The applicant must INITIAL next to each item to acknowledge that the following materials were submitted. All materials are accepted **digitally to the Planning Division's sharefile link** with the exception of the original signed application form. If you would like to request a waiver from certain submittal requirements, the attached Waiver Request Form must be completed and signed. If you are submitting voluntary proffers as part of a Conditional Rezoning Request, the attached Voluntary Proffer Statement must be completed and signed.

- | | |
|---|---------------|
| 1. Narrative description of the location and size of the property which shall include the address, tax map number, account number, legal description, size in acres and square feet, and overall location with respect to other land uses and major roadways. | WEMJ
_____ |
| 2. Narrative description of the proposed use(s)/improvements. | WEMJ
_____ |
| 3. Statement of the reasons for seeking such amendment and why the current zoning is incorrect. | WEMJ
_____ |
| 4. Rezoning Exhibit which indicates the boundaries of the property to be rezoned and the existing zoning designation as well as the proposed zoning designation. Such exhibit shall be accurate and suitable to identify the property in relation to street intersections or other physical features. | WEMJ
_____ |
| 5. Conceptual layout (optional, but strongly recommended) showing the proposed improvements, lots, open space, etc., and any pertinent information for review. | WEMJ
_____ |
| 6. Public Facilities Report which complies with the requirements of Section 31-601, Adequate Public Facilities, of the Unified Development Ordinance. Refer to Appendix B, § B-19. | WEMJ
_____ |
| 7. Traffic Impact Study. Refer to Appendix B, § B-21. | WEMJ
_____ |
| 8. Fiscal Impact Analysis. Refer to Appendix B, § B-14. | WEMJ
_____ |
| 9. Minor or Major Water Quality Impact Assessment if located in the Chesapeake Bay Preservation Area. Refer to Appendix B, § B-13. | WEMJ
_____ |
| 10. A Phase I Environmental Site Assessment shall be required for any rezoning application that involves land disturbance for residential, assembly, day care, group home, recreation, school, library or similar use where there may be exposure to contaminants. Refer to Section 31-616. This would then indicate whether a Phase II ESA should be completed. | WEMJ
_____ |

PART 2 CONTINUED - REQUIRED INFORMATION FOR APPLICATION

11. Any applicant requesting a conditional rezoning shall submit an electronically ***signed proffer statement*** for consideration. The original signed proffer statement must be provided prior to the public hearing.

WEMJ

12. Such supplemental material as may be necessary.

WEMJ

VOLUNTARY PROFFER STATEMENT

I hereby voluntarily proffer that the development of the property owned by me proposed for reclassification under this application shall be in strict accordance with the conditions set forth below.

The following conditions (add additional sheets if necessary) are voluntarily proffered for the reclassification of property identified as Tax Map Number(s) 33*75, 33*75A,

Block Number _____, Account Number(s) 151078000 , 151069000

- 1) The students generated by this development will be assigned to Kilby Shores Elementary school, Forest Glen Middle School and Lakeland High School. The calculated impact of students generated and value of cash proffer contribution shall be based upon the current enrollment and committed development as of the last day of the month of the date of this application is deemed complete and acceptable by the City of Suffolk. The proposed rezoning estimate net impact of 54 elementary school students, 30 additional middle school students, and 39 additional high school students. The Capital Improvements Program (FY 2022-2031) projects will allow cash proffers to be paid to advance of capacity at the elementary and middle school levels. The property owner shall make a cash contribution to the City of Suffolk to advance capacity at the elementary and middle school levels only. Based upon the estimated cost, to advance capacity at the elementary school level is \$35,900.55 per student and middle school level \$42,065.60, a cash contribution of \$6,462.10 per housing unit (elementary school) and \$4,206.56 per housing unit (middle school) shall be paid prior to issuance of a Certificate of Occupancy. The estimated total proffer is \$1,938,629.70 (elementary school) and \$1,261,968.00(middle school).
- 2) No more than 300 single family detached units shall be constructed with this project
- 3) All units shall have a crawl space or raised/elevated slab foundation
- 4) The property owner shall make road improvements as outlined in the approved Traffic Impact Study (TIS), prepared by Charles Smith, P.E, PTOE EPR, Updated November 2024 .All road improvements proffered shall be completed or bonded before the first certificate of occupancy
- 5) Materials for the front, sides and rear of the homes shall be brick veneer, stone, cement-based siding, high quality vinyl siding, cement-fiber board siding (i.e. LP "Smartside or approved equal). Vinyl siding shall be a minimum of 0.044 inch thick and may be overlapped or beaded siding
- 6) Roofing shall be copper, metal or fiberglass architectural style shingles which must carry minimum 25-year warranty.

Applicant Signature: Matt Hamer

Date: 11-13-24

Property Owner Signature: Matt Hamer

Date: 11-13-24

Property Owner Signature: _____

Date: _____

City of Suffolk

Department of Planning and Community Development

DISCLOSURE STATEMENT FORM



OFFICE INFORMATION: To be completed by staff

Application Number:		Project Name:	
Project Address:		Date Submitted:	

The disclosures contained in this Form are necessary to inform public officials who may vote on the application as to whether they have a conflict of interest under Virginia law. The completion and submission of this Form is required for all applications that pertain to City real estate matters or to the development and/or use of property in the City of Suffolk requiring action by the City Council or a City board, commission or other body.

PART 3 - APPLICANT DISCLOSURE: To be completed by Applicant

Important Notice: Only complete, hard-copy application forms with original signatures or other approved written consent from all property owners are accepted.

APPLICANT INFORMATION

Applicant Name: Manning Road Development

Property Address(es): 494 Manning Road

Tax Map Number(s): 33*75 , 33*75A

Account Number(s): 151078000 , 151069000

Is Applicant the owner of the subject property? YES NO

Does the Applicant have a Representative? YES NO

If yes, name of Representative: _____

Is Applicant a corporation, partnership, firm, business, trust, or unincorporated business? YES NO

If yes, list the names of all officers, directors, members, trustees, etc. below AND businesses that have a parent-subsidiary or affiliated business entity relationship (see definitions below) with the applicant (attach list if necessary):

Bob G. Arnette Partner Matthew Howard Partner

PART 4 – PROPERTY OWNER DISCLOSURE

PROPERTY OWNER DISCLOSURE

Property Owner Name: Manning Road Development Group, LLC

(as listed on application)

Is the Owner a corporation, partnership, firm, business, trust or an unincorporated business? YES NO

If yes, the names of all officers, directors, members, or trustees below AND businesses that have a parent-sub subsidiary or affiliated business entity relationship (see definitions below) with the Applicant (attach list if necessary):

Bob G. Arnett, Partner Matthew Howard Partner

Does the subject property have a proposed or pending purchaser? YES NO

If yes, name of the proposed or pending purchaser: _____

KNOWN INTEREST BY PUBLIC OFFICIAL OR EMPLOYEE

Does an official or employee of the City of Suffolk have an interest in the subject property or any proposed development contingent on the subject public action? YES NO

If yes, name of the official or employee, and description of the nature of their interest:

PROPERTY OWNER SERVICES DISCLOSURE

The Owner must certify whether the following services are being provided in connection to the Applicant, the subject of the application, and/or any business operating, or to be operated on the property. The name of the entity and/or individual providing such services must be identified (attach list if necessary).

SERVICE	YES	NO	SERVICE PROVIDER
	<i>(select one)</i>		<i>(Name of entity and/or individual)</i>
Financing (mortgage, deeds of trust, cross-collateralization, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Manning Road Investments
Real Estate Broker/Agent/Realtor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Accounting/Tax Preparation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Architect/Designer/Landscape Architect/Land Planner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Construction Contractor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Engineer/Surveyor/Agent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tim Fallon
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

KNOWN INTEREST BY PUBLIC OFFICIAL OR EMPLOYEE

Does an official or employee of the City of Suffolk have an interest in the subject property or any proposed development contingent on the subject public action? YES NO

If yes, name of the official or employee, and description of the nature of their interest:

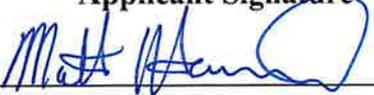
APPLICANT SERVICES DISCLOSURE

The Applicant must certify whether the following services are being provided in connection to the applicant, the subject of the application, and/or any business operating, or to be operated on the property. The name of the entity and/or individual providing such services must be identified (attach list if necessary).

SERVICE	YES NO (select one)	SERVICE PROVIDER (Name of entity and/or individual)
Financing (mortgage, deeds of trust, cross-collateralization, etc.)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Manning Road Investments <hr/>
Real Estate Broker/Agent/Realtor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<hr/>
Accounting/Tax Preparation	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<hr/>
Architect/Designer/Landscape Architect/Land Planner	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<hr/>
Construction Contractor	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<hr/>
Engineer/Surveyor/Agent	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Tim Fallon <hr/>
Legal Services	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<hr/>

APPLICANT CERTIFICATION

- I certify that all of the information contained in this Disclosure Statement Form is complete, true, and accurate.
- I understand that I am responsible for updating this Form if any information changes at any point even if a public hearing has not yet been scheduled.
- I understand that, upon receipt of notification that the application has been scheduled for public hearing, I am responsible for updating the information provided herein two weeks prior to the meeting of Planning Commission, City Council, or any public body or committee in connection with this application.

Applicant Name (Print)	Applicant Signature	Date
<u>Matt Howard</u>	<u></u>	<u>11-13-24</u>

PROPERTY OWNER CERTIFICATION

- I certify that all of the information contained in this Disclosure Statement Form is complete, true, and accurate.
- I understand that I am responsible for updating this Form if any information changes at any point even if a public hearing has not yet been scheduled.
- I understand that, upon receipt of notification that the application has been scheduled for public hearing, I am responsible for updating the information provided herein two weeks prior to the meeting of Planning Commission, City Council, or any public body or committee in connection with this application.

Property Owner Name (Print)	Property Owner Signature	Date
<u>Matt Howard</u>	<u></u>	<u>11-13-24</u>

"Parent-subsiary relationship" means "a relationship that exists when one corporation directly or indirectly owns shares possessing more than 50 percent of the voting power of another corporation." See State and Local Government Conflict of Interests Act, VA. Code § 2.2-3101.

"Affiliated business entity relationship" means "a relationship, other than parent-subsiary relationship, that exists when (i) one business entity has a controlling ownership interest in the other business entity, (ii) a controlling owner in one entity is also a controlling owner in the other entity, or (iii) there is shared management or control between the business entities. Factors that should be considered in determining the existence of an affiliated business entity relationship include that the same person or substantially the same person own or manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a close working relationship between the entities." See State and Local Government Conflict of Interests Act, Va. Code § 2.2-3101.

Public Records Exemptions

The following exemptions have been applied to the attached responsive records pertaining to your request:

Reason	Description	Pages
COS - PII	Please note the record contains information which is exempt from disclosure under Section § 2.2-3705.1(1) of the Code of Virginia due to the record containing information concerning identifiable individuals.	3