



Planning Department
801 Crawford Street, Portsmouth, Virginia 23704
757-393-8836

HPC/DDC Appeal Application

www.portsmouthva.gov/181/Planning-Department

Notes:

1. Appeal of Historic Preservation Commission (HPC) and Downtown Design Committee (DDC) decisions shall be to City Council in accordance with Zoning Ordinance [Sec. 40.2-522\(D\)](#).
2. Any appeal of a decision of HPC or DDC under the Zoning Ordinance must be filed and perfected within thirty (30) days of the decision.
3. A Pre-Application Conference is not required for an appeal but applicants are strongly encouraged to discuss the appeal with Planning Department staff prior to submitting an appeal application.
4. To perfect an appeal of a decision of HPC or DDC, the appellant must timely file with the Planning Department a written notice of appeal specifying the grounds of appeal.
5. If an appeal of a decision of HPC or DDC is not timely filed and perfected, the determination of HPC or DDC shall be final and unappealable.
6. Perfected appeals shall be reviewed by a committee consisting of a representative designated by the Planning Director, a representative designated by the Building Official, and a representative designated by the City Attorney.
7. The committee may either remand the appeal to HPC or DDC for reconsideration or forward the appeal to City Council for action.
8. The committee shall not remand the appeal more than once, and if the appellant still desires to prosecute the appeal after the reconsideration then applicant may submit a written statement of its intent to the Planning Department and no additional fees or filings shall be required.
9. The standard of review for City Council consideration of HPC or DDC appeals shall be de novo.
10. HPC/DDC appeals will be heard at a City Council work session to be scheduled at City Council's discretion. City Council may grant the appeal in full, deny the appeal in full, grant the appeal in part, or deny the appeal in part.
11. **Submit applications by email to the HPC at hpc@portsmouthva.gov to the DDC at ddc@portsmouthva.gov or to City of Portsmouth, Planning Department 4th Floor, 801 Crawford Street, Portsmouth, VA 23704**

1. General Project Information

| | | | | | | | | |
|--|---------------------------------------|------------|--------------|------------------|------------------|-------------|--|------------|
| Submission Date: | | | | | | | | |
| Project Address: | | | | | | | | |
| City Case Number of Action Being Appealed: | | | | | | | | |
| Meeting Date of Decision Being Appealed: | | | | | | | | |
| Tax Parcel Identification Number: | | | | | | | | |
| Lot Area (in square feet): | | | | | Zoning District: | | | |
| District Location: | Downtown Design | Olde Towne | Port Norfolk | Park View | Cradock | Truxtun | | |
| Type of Work: | Changes to an Existing Structure/Site | | | New Construction | | Addition(s) | | Demolition |

2. Written Description of Request

*Explain in detail the nature of the request for an appeal and the justification for such appeal.
 If needed, continue on separate sheets.*

3. Applicant Information

The applicant must sign the applicant certification box. See item number 6 below.

| | | | |
|------------------|--|--|--|
| Applicant Name: | | | |
| Mailing Address: | | | |
| Phone Number(s): | | | |
| Email Address: | | | |

4. Property Owner Information (if different from applicant information)

The property owner must sign the property owner consent box. See item number 5 below.

| | | | |
|------------------------------|--|--|--|
| Property Owner Contact Name: | | | |
| Mailing Address: | | | |
| Phone Number(s): | | | |
| Email Address: | | | |

5. Property Owner Consent (if different from applicant information)

By signing this application below, I, as the owner of the property under review, give my consent for this application.

| | | | |
|---|--|--------------------|--|
| Property Owner or Authorized Signature | | Date Signed | |
|---|--|--------------------|--|

6. Applicant Certification

By signing this application below, I hereby attest to the truth and accuracy of all facts and information presented with this application.

| | | | |
|-----------------------------|--|---------------------|--|
| Applicant Signature: | | Date Signed: | |
|-----------------------------|--|---------------------|--|

Submittal Requirement Checklist

Submit digital or hard copies of all required documents. Hard copies of some documents may be required.

A. GENERAL INFORMATION

| | |
|--|---|
| | Pre-Application Conference completed (recommended) |
| | HPC/DDC Appeal Application (completely filled out with all required information included) |
| | Written description of the appeal request including justification for the request (Section 2 above) |
| | Any additional information determined to be necessary by Planning staff |

| | | | |
|--------------------------|--|--------------------------------|--|
| OFFICE USE ONLY | | Case Number (Tidemark): | |
| Received By: | | Received Date: | |
| Accepted as Complete By: | | Accepted Date: | |