

## Application for a Zoning Ordinance Map Amendment

Yes

METROPOLITAN AREA PLANNING COMMISSION

Jonesboro, Arkansas

Date Received:	10/4	1/19
Case Number:	RZ	19-15

LOCATION: Site Address:	rot 51,9	-22 F19	inst			
Side of Street: N	between Oliver		and D	sotay Dor	MD	Commerc
Quarter:		Township:		Range:		
Attach a survey plat and leg	al description of the prop	perty proposed for rezon	ing. A Registered	Land Surveyor m	ust prepare this plat.	Resident
SITE INFORMATION Existing Zoning:	: c3	Proposed Zoning:	18-7	Reside		lacent
Size of site (square feet a		×120 21	Street front	age (feet):	60 rac	Vacant Served ST
Existing Use of the Site:				• • • • • • • • • • • • • • • • • • • •	110.1	Vacant
Character and adequacy	of adjoining streets:	2 Lane	Aspha	11+		
Does public water serve	the site?	-1		Vacant lot	s	<del>-</del>
If not, how would water	service be provided?	NA				
Does public sanitary sew	er serve the site?	<u> </u>				
If not, how would sewer	service be provided?	NIA			en e	
Use of adjoining properti	es:		·	Resi	dential along Fred S	Street.
	South	-			4 14	
	East					
	West					
Physical characteristics of the		t 6,995 DM HOUSE			XX xAcros	
Characteristics of the neigh		OENTI	4		in the g	<del>-</del>

Applications will not be considered complete until all items have been supplied. Incomplete applications will not be placed on the Metropolitan Area Planning Commission agenda and will be returned to the applicant. The deadline for submittal of an application is 18 days prior to the next MAPC meeting. The Planning staff must determine that the application is complete and adequate before it will be placed on the MAPC agenda.

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The applie	ING INFORMATION: cant is responsible for explaining and justifying the proposed greach of the following questions in detail:	d rezoning. Plea	ase prepare an attachment to this application			
(1).	How was the property zoned when the current owner purchase	hased it?	3			
(2).						
(3).	What is the purpose of the proposed rezoning? Why is the rezoning necessary? This Is In a resolution of Best Fit					
(4).	What would be the density or intensity of development (e., institutional, or industrial buildings)?	g. number of res	sidential units; square footage of commercial,			
(5).		Comprehensive Plan and the Future Land Use Plan? y 15				
(6).	How would the proposed rezoning be the public interest at	terest and benefit the community? Houses Fol Lung				
(7).	How would the proposed rezoning be the public interest and benefit the community? Houses Following  INCHESS FOLLING  How would the proposed rezoning be compatible with the zoning, uses, and character of the surrounding area?  Very Compatible 12 12 7 47 Houses  And the proposed rezoning be the public interest and benefit the community? Houses Following  New York And Houses With State Proposed Prop					
(8).	Are there substantial reasons why the property cannot be used in accordance with existing zoning?					
(9).						
(10).	How long has the property remained vacant?  How long has the property remained vacant?  What impact would the proposed rezoning and resulting development have on utilities, streets, drainage, parks, open space,					
(11).	fire, police, and emergency medical services?	08				
(12).	- 013 mouths					
(13).	How do neighbors feel about the proposed rezoning? Plea proposed rezoning or notes from individual discussions. If a statement explaining the reason. Failure to consult with	se attach minute f the proposal h	es of the neighborhood meeting held to discuss the as not been discussed with neighbors, please attach			
(14).	If this application is for a Limited Use Overlay (LUO), the	e applicant must	specify all uses desired to be permitted.			
All partie	SHIP INFORMATION: s to this application understand that the burden of proof in jupplicant named below.	astifying and der	monstrating the need for the proposed rezoning rests			
Owner of Record: I certify that I am the owner of the property that is the subject of this rezoning application and that I represent all owners, including spouses, of the property to be rezoned. I further certify that all information in this application is true and correct to the best of my knowledge.		Applicant: If you are not the Owner of Record, please describe your relationship to the rezoning proposal:				
Name:	HAROLD RAYSIMPSON	Name:	HAROLD RAY SIMPSON			
Address:	P.O. BOX 2497	Address:	P. O. Box 2797			
City, Stat	e: JONESLOYO AR. ZIP 72402	City, State:	JONESLOYO, AR. ZIP 72402			
Telephon	e: 870-219-6185	Telephone:	870-219-6185			
Facsimile		Facsimile:	10.0			
Signature	: Hall Sign	Signature:	Harloll, Sign			

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Deed: Please attach a copy of the deed for the subject property.