



**CITY OF JONESBORO  
REZONING PROPERTY OWNER NOTIFICATION**

The Metropolitan Area Planning Commission, City of Jonesboro, Arkansas, will hold a public hearing at the City of Jonesboro Municipal Center, 300 S. Church St., Council Chambers, 1<sup>st</sup> Floor, Jonesboro, Arkansas, on:

**TUESDAY, JULY 11, 2017 AT 5:30 PM**

One item on the agenda for this meeting is a request to the Commission to approve a Rezoning to the zoning ordinance concerning property that is within 200 feet of your property. You have the opportunity to attend this meeting to voice your approval or disapproval if you wish. If you have information that you feel should be taken into consideration before a decision is rendered, you are encouraged to submit such information to the Commission. If the Commission renders a decision you feel is unfair or unjust, you may appeal the decision to Circuit Court.

REZONING REQUESTED BY: WADE CARPENTER

DATE: 06/16/2017

SUBJECT PROPERTY ADDRESS: 5416 MAPLE VALLEY DRIVE

DESCRIPTION OF REZONING REQUESTED: THE APPLICANT IS REQUESTING MAPC TO APPROVE A REZONING LOCATED AT 5416 MAPLE VALLEY DRIVE THAT HAS .88 ACRES THAT IS ZONED C-4 NEIGHBORHOOD COMMERCIAL DISTRICT TO RS-2 SINGLE FAMILY RESIDENTIAL DISTRICT MINIMUM 21,780 SQUARE FOOT LOT REQUIRED.

In affixing my signature below, I am acknowledging my understanding of this request for a Rezoning. I further understand that my signature only indicates my receipt of notification of the request for a Rezoning and does not imply an approval by me or the Rezoning, unless so written by me to the Commission.

LIVING WORD CHURCH  
Printed Name of Property Adjacent Owner

5601 SOUTHWEST DRIVE  
Address

Denny Beaver 6-19-17  
(Signature) Date

870-931-3248  
Phone

If you would like to obtain additional information, or voice an opinion regarding this request, you may do so by contacting the Planning Department, at 300 S. Church St., or by calling 870-932-0406, between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**WELLS FARGO HOME MORTGAGE**  
**4101 WISEMAN BLVD**  
**SAN ANTONIO, TX 78251**



9590 9403 0740 5196 7082 26

2

7015 1730 0001 5162 6922

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-20-77

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

Service Type

Signature

 Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery Registered Mail®

(over \$500)

 Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation™ Signature Confirmation Restricted Delivery

UNITED STATES POSTAL SERVICE

507-010

TX 760

20 JUN '17



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

PH 3 L

- Sender: Please print your name, address, and ZIP+4® in this box•

CITY OF JONESBORO  
PLANNING & INSPECTION DEPT.  
P. O. BOX 1845 INSPECTION DEPT.  
JONESBORO, AR 72403  
JONESBORO, AR 72403

USPS TRACKING#



9590 9403 0740 5196 7082 26

RZ17-18

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

**NORTHSTAR PARTNERS INC**  
**4200 S. CARAWAY**  
**JONESBORO, AR 72404**



9590 9403 0740 5196 7083 70

2. Article Number (Transfer from service label)

7015 1730 0001 5162 6960

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Dorothy Wells*  Agent  
 Addressee

B. Received by (Printed Name)

*Dorothy Wells*

C. Date of Delivery

*6-20*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Signature                                | <input type="checkbox"/> Priority Mail Express®                     |
| <input checked="" type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                     | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery             | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery        | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail™                                  |   |

Restricted Delivery

UNITED STATES POSTAL SERVICE

MEMPHIS

TN 380

20 JUN '17

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First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4® in this box•

CITY OF JONESBORO  
PLANNING & INSPECTION DEPT.  
P. O. BOX 1845  
JONESBORO, AR 72403

USPS TRACKING#



9590 9403 0740 5196 7083 70

RZ17-18

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1.

**PAUL ARMAH**  
**5412 MAPLE VALLEY DRIVE**  
**JONESBORO, AR 72404**



9590 9403 0740 5196 7081 96

2. Article Number (Transfer from service label)

7015 1730 0001 5162 6885

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Armah

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Registered Mail Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

UNITED STATES POSTAL SERVICE



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• Sender: Please print your name, address, and ZIP+4® in this box•

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PLANNING & INSPECTION DEPT.  
P. O. BOX 1845  
JONESBORO, AR 72403

USPS TRACKING#



9590 9403 0740 5196 7081 96

RZ-17-18

## SENDER: COMPLETE THIS SECTION

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1. /

**PAUL MOORE**  
**5408 MAPLE VALLEY DRIVE**  
**JONESBORO, AR 72404**



9590 9403 0740 5196 7082 19

2. Article Number (Transfer from service label)

7015 1730 0001 5162 6908

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

**X** Carol Kay Moore  Agent  
 Addressee

B. Received by (Printed Name)

Carol Kay Moore

C. Date of Delivery

6-21-17

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Signature                                | <input type="checkbox"/> Priority Mail Express®                     |
| <input checked="" type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                     | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery             | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                            | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery        | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

Restricted Delivery



**SENDER: COMPLETE THIS SECTION**

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1. Address

**DENISE KING  
516 MELTON  
JONESBORO, AR 72401**



9590 9403 0740 5196 7082 57

2. Article Number (Transfer from service label)

7015 1730 0001 5162 6953

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X** Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                         | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery     | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                         | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery      | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                     | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                            |   |

Restricted Delivery

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**CHRISTOPHER ZIEGLER  
2305 JAY BEE  
JONESBORO, AR 72401**



9590 9403 0740 5196 7082 33

Article Number (Transfer from service label)

7015 1730 0001 5162 6939

Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature
- B. Received by (Printed Name)  Christopher Ziegler
- C. Date of Delivery  4/23/17
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

Adult Signature

Adult Signature Restricted Delivery

Certified Mail®

Certified Mail Restricted Delivery

Collect on Delivery

Collect on Delivery Restricted Delivery

Restricted Delivery

Priority Mail Express®

Registered Mail™

Registered Mail Restricted Delivery

Return Receipt for Merchandise

Return Receipt for Merchandise

Signature Confirmation™

Signature Confirmation

Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LERETA  
 1123 PARK VIEW DRIVE  
 COVINA, CA 91724



9590 9403 0740 5196 7082 02

Article Number (Transfer from service label)

7015 1730 0001 5162 6892

Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**JONATHAN M FRYE  
2307 JAYBEE DRIVE  
JONESBORO, AR 72404**



9590 9403 0740 5196 7082 64

2. Article Number (Transfer from service label)

7015 1730 0001 5162 6915

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Shanna Frye*

- Agent  
 Addressee

B. Received by (Printed Name)

*Shanna Frye*

C. Date of Delivery

*6-19-17*

- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Adult Signature  
 Adult Signature Restricted Delivery  
 Certified Mail®  
 Certified Mail Restricted Delivery  
 Collect on Delivery  
 Collect on Delivery Restricted Delivery
- Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

stricted Delivery

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1. Article Addressed to:

**LIVING WORK CHURCH  
5601 SOUTHWEST DRIVE  
JONESBORO, AR 72404**



9590 9403 0740 5196 7081 89

2. Article Number (Transfer from service label)

7015 1730 0001 5162 6878

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent Addressee

B. Received by (Printed Name)

Danni Beavers

C. Date of Delivery

6-19-17

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

CITY OF JONESBORO  
PLANNING & INSPECTION DEPT.  
P. O. BOX 1845  
JONESBORO, AR 72403

6-20-17  
6-25-17  
7-5-17  
B

THE CHURCH OF GOD  
8811 SOUTHWEST DRIVE  
JONESBORO, AR 72404



RZ17-18

7015 1730 0001 5152 6946



CERTIFIED MAIL



1000

U.S. POSTAGE  
PAID  
JONESBORO, AR  
72403  
JUN 18 17  
AMOUNT

\$6.59  
R2303S100756-11

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**THE CHURCH OF GOD  
8811 SOUTHWEST DRIVE  
JONESBORO, AR 72404**



9590 9403 0740 5196 7082 40

2. Article Number (Transfer from service label)

7015 1730 0001 5162 6946

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

R217-18

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Delivery

Domestic Return Receipt