



Application for a Zoning Ordinance Map Amendment

METROPOLITAN AREA
PLANNING COMMISSION
Jonesboro, Arkansas

Date Received: _____

Case Number: RZ-09-06

LOCATION:

Site Address: WASHINGTON AVENUE

Side of Street: N between BAKER STREET and PATRICK STREET

Quarter: SE Section: 18 Township: 14N Range: 4E

Attach a survey plat and legal description of the property proposed for rezoning. A Registered Land Surveyor must prepare this plat.

SITE INFORMATION:

Existing Zoning: R-2 Proposed Zoning: C-1

Size of site (square feet and acres): 14,815 SQ FT - 0.34 AC Street frontage (feet): 48' +/-

Existing Use of the Site: CHURCH AND PARKING

Character and adequacy of adjoining streets: WASHINGTON AVENUE IS A 3 LANE PAVED STREET

Does public water serve the site? YES

If not, how would water service be provided? N/A

Does public sanitary sewer serve the site? YES

If not, how would sewer service be provided? N/A

Use of adjoining properties:

North SINGLE FAMILY HOUSING (R-2)

South SINGLE FAMILY HOUSING (R-1)

East SINGLE FAMILY HOUSING (R-2)

West COMERCIAL DEVELOPMENT (C-1)

Physical characteristics of the site: EXISTING CHURCH AND PARKING

Characteristics of the neighborhood: COMMERCIAL BUSINESSES ALONG WASHINGTON AVENUE WITH SINGLE FAMILY RESIDENTIAL IN THE AREA

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 the 17th of each month. The Planning staff must determine that the application is complete and adequate before it will be placed on the MAPC agenda.

REZONING INFORMATION:

The applicant is responsible for explaining and justifying the proposed rezoning. *Please prepare an attachment to this application answering each of the following questions in detail:*

- (1). How was the property zoned when the current owner purchased it?
R-2
- (2). What is the purpose of the proposed rezoning? Why is the rezoning necessary?
TO ALLOW CONTINOUS ZONING THROUGH OUT THE OWNERS ENTIRE TRACT ALONG WASHINGTON AVE.
- (3). If rezoned, how would the property be developed and used?
UNKNOWN AT THIS TIME
- (4). What would be the density or intensity of development (e.g. number of residential units; square footage of commercial, institutional, or industrial buildings)?
UNKNOWN AT THIS TIME
- (5). Is the proposed rezoning consistent with the *Jonesboro Comprehensive Plan* and the *Future Land Use Plan*?
YES, IT SHOWS THE PROPERTY AS DOWNTOWN SERVICE CENTER.
- (6). How would the proposed rezoning be the public interest and benefit the community?
IT WOULD ALLOW FOR MEDICAL DEVELOPMENT.
- (7). How would the proposed rezoning be compatible with the zoning, uses, and character of the surrounding area?
ZONING WOULD BE COMPATIBLE WITH THE MAJORITY OF THE ZONING LOCATED ALONG WASHINGTON.
- (8). Are there substantial reasons why the property cannot be used in accordance with existing zoning?
NO.
- (9). How would the proposed rezoning affect nearby property including impact on property value, traffic, drainage, visual appearance, odor, noise, light, vibration, hours of use or operation and any restriction to the normal and customary use of the affected property.
THIS REZONING SHOULD NOT ADVERSLY EFFECT ANY OF THE ABOVE.
- (10). How long has the property remained vacant?
IT IS NOT VACANT
- (11). What impact would the proposed rezoning and resulting development have on utilities, streets, drainage, parks, open space, fire, police, and emergency medical services?
IT SHOULD HAVE MINIMAL IMPACT ON THESE SERVICES.
- (12). If the rezoning is approved, when would development or redevelopment begin?
UNKOWN AT THIS TIME
- (13). How do neighbors feel about the proposed rezoning? Please attach minutes of the neighborhood meeting held to discuss the proposed rezoning or notes from individual discussions. *If the proposal has not been discussed with neighbors, please attach a statement explaining the reason. Failure to consult with neighbors may result in delay in hearing the application.*
NO NEIGHBORHOOD MEETING HAS BEEN HELD
- (14). If this application is for a Limited Use Overlay (LUO), the applicant must specify all uses desired to be permitted.

OWNERSHIP INFORMATION:

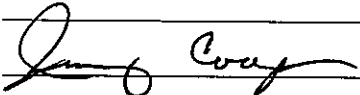
All parties to this application understand that the burden of proof in justifying and demonstrating the need for the proposed rezoning rests with the applicant named below.

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: ST. BERNARDS REG. MED. CENTER
JIMMY COOPER, VICE PRESIDENT
Address: 225 E.JACKSON
City, State: JONESBORO, AR ZIP 72401
Telephone: 870-972-4260
Facsimile: _____
Signature: 

Name: _____
Address: _____
City, State: _____ ZIP _____
Telephone: _____
Facsimile: _____
Signature: _____

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

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