



# Application for a Zoning Ordinance Map Amendment

METROPOLITAN AREA  
PLANNING COMMISSION  
Jonesboro, Arkansas

Date Received: \_\_\_\_\_

Case Number: \_\_\_\_\_

## LOCATION:

Site Address: UNDEVELOPED - US HWY 49

Side of Street: between WILKINSON DRIVE and MAPLE VALLEY DRIVE  
NORTH

Quarter: SW Section: 3 Township: 13 NORTH Range: 3 EAST

Quarter: SE Section: 4 Township: 13 NORTH Range: 3 EAST

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-1 Proposed Zoning: C-4 LU-O

Size of site (acres): 3.94 AC +/- Street frontage (feet): 815' +/-

Existing Use of the Site: UNDEVELOPED

Character and adequacy of adjoining streets: CURRENTLY UNDER CONSTRUCTION FOR WIDENING,  
WILL BE ADEQUATE FOR TRAFFIC FLOW.

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 R-1 RESIDENTIAL

South R-1 & C-3 BALTZ EQUIPMENT AND TRACTOR SALES

East C-3 CRAIGHEAD CO. FARMERS COOP

West AG-1 UNDEVELOPED

Physical characteristics of the site: UNDEVELOPED

Characteristics of the neighborhood: COMMERCIAL / SINGLE-FAMILY RESIDENTIAL

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**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? **AG-1**
- (2). What is the purpose of the proposed rezoning? Why is the rezoning necessary? **BEST USE OF THE PROPERTY.**
- (3). If rezoned, how would the property be developed and used? **WITHIN THE RESTRICTIONS OF THE PROPOSED ZONING.**
- (4). What would be the density or intensity of development (e.g. number of residential units; square footage of commercial, institutional, or industrial buildings)? **N/A**
- (5). Is the proposed rezoning consistent with the *Jonesboro Comprehensive Plan* and the *Future Land Use Plan*? **YES**
- (6). How would the proposed rezoning be the public interest and benefit the community? **TO SERVE AS A BUFFER BETWEEN EXISTING C-3 AND R-1 PROPERTY**
- (7). How would the proposed rezoning be compatible with the zoning, uses, and character of the surrounding area? **IT WOULD BE COMPATIBLE WITH THE SURROUNDING AREA.**
- (8). Are there substantial reasons why the property cannot be used in accordance with existing zoning? **REZONING WOULD BENEFIT THE SURROUNDING AREAS.**
- (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. **POSITIVE IMPACT.**
- (10). How long has the property remained vacant? **N/A**
- (11). What impact would the proposed rezoning and resulting development have on utilities, streets, drainage, parks, open space, fire, police, and emergency medical services? **CURRENT INFRASTRUCTURE WILL SUPPORT THE PROPOSED DEVELOPMENT**
- (12). If the rezoning is approved, when would development or redevelopment begin? **IMMEDIATELY**
- (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.* **PUBLIC IS AWARE OF ONGOING DEVELOPMENT.**

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(14). If this application is for a Limited Use Overlay (LUO), the applicant must specify all uses desired to be permitted.

**LIMITED USES TO BE INCLUDED:**

ALL USES PERMITTED IN C-4 ZONING AND;  
RETAIL SERVICE

**LIMITED USES NOT INCLUDED:**

FUNERAL HOME  
GOLF COURSE  
NURSING HOME  
UTILITY, MAJOR  
UTILITY, MINOR  
VEHICLE REPAIR, LIMITED  
VOCATIONAL SCHOOL  
COMMUNICATIONS TOWER  
OFF-PREMISE SIGNS (BILLBOARDS)

**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: **THREE SISTERS L.L.C.**

Name:

Address: **3004 MOCKINGBIRD LANE** *Fonda Lofton, Manager's member*

Address:

City, State: **JONESBORO, AR**

ZIP **72401**

City, State:

ZIP

Telephone: **870-243-5297**

Telephone:

Facsimile:

Facsimile:

Signature: *Fonda Lofton, Manager's Member*

Signature:

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