

**PETITION FOR REZONING**  
**City of Jonesboro, Arkansas**

R2046

We (I) the undersigned, owner(s) of the property described in paragraph 1 below, do hereby petition to amend the present zoning ordinance as described below. The following facts are presented in support of the petition for rezoning.

1. **Legal Description.** The property proposed to be rezoned is described as follows:  
Part of the SW 1/4 SW 1/4 section 14, T4N-R3E, corner at Matthew  
and West Washington  
 Address of the property (if assigned) 2905 W. Washington
2. **Zoning Classification.** The property is proposed to be rezoned from R1 zone district to C3 zone district.
3. **Why is the zoning change requested?** Property is now zoned (R1). This is a great location for my business therefore need rezoned to C3
4. **Why was the requested zone district selected?** Perfect location in growing street for my business
5. **Why can't the property be used as presently zoned?** City will not allow a commercial business to operate on property zoned R1
6. **Is the property served by public sewer?** No **Is the property served by public water?** yes
7. **Have you spoken with your neighbors about the proposed rezoning?** Yes  
 If so, what was their reaction? Glad to see another business in that location
8. **Have any neighborhood meetings been held to discuss the rezoning proposal?** NO

9 **Ownership.** The undersigned are the owner(s) of all property within the area that is requested to be rezoned. The undersigned owner(s) represent all owners (including spouses) of the property proposed to be rezoned.

Signature (s) of Petitioner(s)	Printed Name	Address	Phone No.
<u>Scott Moore</u>	<u>Scott Moore</u>	<u>2900 W. Washington</u>	<u>935-4221</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**10. Professional Advisors in this Matter.**

	Name	Phone No.	Fax No.
Surveyor	<u>Dale Admson PLS</u>	<u>870-932-5900</u>	<u>same</u>
Engineer	_____	_____	_____
Architect	_____	_____	_____
Site Planner	<u>Dale Admson PLS</u>	<u>870-932-5900</u>	<u>same</u>
Attorney	_____	_____	_____

11 **Contact Person for Questions & Information.**

Name	Phone No.	Fax No.
<u>Cary Park</u>	<u>934-0501</u>	<u>934-0583</u>

Please Note: This application must be completed in full before it can be accepted.