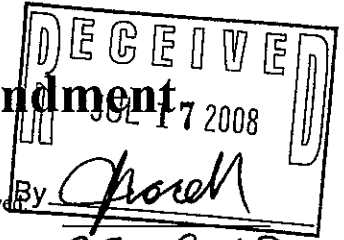




METROPOLITAN AREA  
PLANNING COMMISSION  
Jonesboro, Arkansas

# Application for a Zoning Ordinance Map Amendment



Date Received

Case Number:

RZ-08-19

### LOCATION:

Site Address: ON WASHINGTON AVE.

Side of Street: S between KITCHEN 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): 1,942 SQ FT - 0.04AC Street frontage (feet): 61' KITCHEN  
32' WASHINGTON

Existing Use of the Site: VACANT

Character and adequacy of adjoining streets: WASHINGTON IS A 3 LANE ROAD WITH CURB AND GUTTER.  
KITCHEN IS A 2 LANE ROAD WITH CURB AND GUTTER.

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 COMMERCIAL AND RESIDENTIAL-(R-2 C-1)

South COMMERCIAL AND RESIDENTIAL-(R-2, C-1, C-5)

East RESIDENTIAL-(R-2,C-1)

West COMMERCIAL AND RESIDENTIAL-(R-2, C-1)

Physical characteristics of the site: VACANT SITE

Characteristics of the neighborhood: OLDER SINGLE FAMILY RESIDENTIAL, WITH GROWING COMMERCIAL  
BUSINESSES IN THIS AREA

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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? R-2
- (2). What is the purpose of the proposed rezoning? Why is the rezoning necessary? TO DEVELOP A MEDICAL OFFICE/ CLINIC
- (3). If rezoned, how would the property be developed and used? AS A MEDICAL OFFICE/ CLINIC
- (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? NO, IT SHOWS THE PROPERTY AS MEDIUM DENSITY RESIDENTIAL.
- (6). How would the proposed rezoning be in the public interest and benefit the community? IT WOULD ALLOW FOR A PROFESSIONAL MEDICAL OFFICE/ CLINIC
- (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 SURROUNDING THE SITE
- (8). Are there substantial reasons why the property cannot be used in accordance with existing zoning? A MEDICAL OFFICE/ CLINIC IS NOT ALLOWED IN R-2.
- (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? THE PROPERTY HAS REMAINED VACANT FOR SEVERAL YEARS.
- (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? AS SOON AS POSSIBLE
- (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 MEDICAL CENTER

Name: \_\_\_\_\_

Address: 225 E. JACKSON

Address: \_\_\_\_\_

City, State: JONESBORO, AR ZIP 72401

City, State: \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: 870-972-4284

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Signature: *Ben L. Owens*

Signature: \_\_\_\_\_

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

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