



Application for a Zoning Ordinance Map Amendment

METROPOLITAN AREA
PLANNING COMMISSION
Jonesboro, Arkansas

Date Received: 11/15/17
Case Number: RZ17-31

LOCATION:

Site Address: 1607 Stone St., Jonesboro AR 72401

Side of Street: West between Stone St. and Caraway Rd.

Quarter: _____ Section: _____ Township: _____ Range: _____

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-3 Proposed Zoning: C-3

Size of site (square feet and acres): 1.03 Acres Street frontage (feet): 150'

Existing Use of the Site: Site was used for a school for children with Autism. Currently owner occupied (therapy services) and for lease.
Character and adequacy of adjoining streets: Major adjoining streets are Nettleton and Highland

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 Multi-Family Apartments

South Multi-Family Apartments

East Multi-Family Apartments

West Commercial - Retail

Physical characteristics of the site: Single brick building on 1.03 acres paved parking lot. Perimeter is fenced

Characteristics of the neighborhood: Mostly multi-family + Commercial with 1 church.

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.
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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-3**
- (2). What is the purpose of the proposed rezoning? Why is the rezoning necessary? **to lease for medical office or other commercial use.**
- (3). If rezoned, how would the property be developed and used? **leased as is for commercial use.**
- (4). What would be the density or intensity of development (e.g. number of residential units; square footage of commercial, institutional, or industrial buildings)? **Existing building to be leased as is**
- (5). Is the proposed rezoning consistent with the Jonesboro Comprehensive Plan and the Future Land Use Plan? **(no change)**
- (6). How would the proposed rezoning be in the public interest and benefit the community? **Yes**
- (7). How would the proposed rezoning be compatible with the zoning, uses, and character of the surrounding area? **Any commercial enter- prise at this location would be convenient to all residents who work or live in the city limits. Very compatible**
- (8). Are there substantial reasons why the property cannot be used in accordance with existing zoning? **Medical office space is not permitted in R-3.**
- (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. **No impact other than positive due to property improvements.**
- (10). How long has the property remained vacant? **Property is owner occupied & currently for lease or sale.**
- (11). What impact would the proposed rezoning and resulting development have on utilities, streets, drainage, parks, open space, fire, police, and emergency medical services? **None known**
- (12). If the rezoning is approved, when would development or redevelopment begin? **No redevelopment is planned. Plan is to lease property in December if approved.**
- (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.* **Neighbors will be consulted and notes submitted ASAP.**
- (14). If this application is for a Limited Use Overlay (LUO), the applicant must specify all uses desired to be permitted. **All commercial purposes with exception of Adult entertain- ment and exception of medical marijuana**

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.

Name: Life Skills K-12 School, LLC
 Name: Joanne Gurley
 Address: 3005 Pinewood Circle
 City, State: Jonesboro AR ZIP 72404
 Telephone: 870 930 5190
 Facsimile: 870 932 5552
 Signature: Joanne Gurley

Applicant:

If you are not the Owner of Record, please describe your relationship to the rezoning proposal:

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

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

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