

# Application for a Zoning Ordinance Map Amendment

Date Received:  $\frac{02-17-11}{RZ-11-08/AZII-0}$ 

LOCATION: Site Address:	0.4 miles north of Farville Curve on west side of Highway 49 North. West boundary is CR 701. Current address is 449CR701, 572CR701, and 5693Highway 49 North.					
Side of Street: W	between _Highway 49	and _CR701				
Quarter:NE NW	Section:01 06	Township:	_14N 14N	Range:	4E 5E	
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: _	Proposed Zoning:		act 1 (78.66 a Fract 2 (2.03 a			
Size of site (square feet and acres): 3,514,556 SQ FT – 80.69AC_ Street frontage (feet): CR 701 – 1,507.77' 971.16'				Highway 49 – 971.16'		
Existing Use of the Site:	_VACANT				<del></del>	
Character and adequacy	of adjoining streets:					
Does public water serve the site?YES		_CR701 – County road – gravel surface due to be paved.				
If not, how would water	N/A					
Does public sanitary sewer serve the site?		NO				
If not, how would sewer	_Sewer Extension by Developer to connect to CWL services at developer's expense.					
Use of adjoining propert	ies: North	_Rural – not in city l	limite			
	South	_ RESIDENTIAL -(Rural subdivision) COMMERCIAL -(Rural – not in city limits			-	
	East					
	West	_ Rural (developing	;)			
Physical characteristics of t	he site:	VACANT SITE				
Characteristics of the neigh	harhand: OLDER S	INGLE FAMILY PESID	ENTIAL WI	TH GROWIN	G COMMERCIAL AND	

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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RESIDENTIAL IN THIS AREA



### **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? N/A
- (2). What is the purpose of the proposed rezoning? Why is the rezoning necessary? TO DEVELOP A COMPETE COMMUNITY ACTIVITY CENTER TO INCLUDE THE NORTHEAST DISTRICT FAIR (ONE WEEK IN SEPTEMBER).
- (3). If rezoned, how would the property be developed and used? TO DEVELOP A COMPETE COMMUNITY ACTIVITY CENTER TO INCLUDE THE NORTHEAST DISTRICT FAIR (ONE WEEK IN SEPTEMBER).
- (4). What would be the density or intensity of development (e.g. number of residential units; square footage of commercial, institutional, or industrial buildings)? PRELIMINARY DESIGN CALLS FOR APPROXIMATELY 200,000 SQUARE FEET OF DEVELOPMENT FOR THE 10 YEAR PLAN.
- (5). Is the proposed rezoning consistent with the *Jonesboro Comprehensive Plan* and the *Future Land Use Plan?* NO, IS NOT CONSISTENT WITH THE CURRENT LAND USE PLAN.
- (6). How would the proposed rezoning be the public interest and benefit the community? IT WOULD ALLOW DEVELOPMENT OF COMPLETE COMMUNITY ACTIVITY CENTER.
- (7). How would the proposed rezoning be compatible with the zoning, uses, and character of the surrounding area? ZONING WOULD BE CONSISTENT WITH THE CONTINUING DEVELOPMENT ALONG HIGHWAY 49 NORTH WITH THE PROPERTY CURRENTLY NOT IN THE CITY.
- (8). Are there substantial reasons why the property cannot be used in accordance with existing zoning?

  DEVELOPMENT COULD BE COMPLETED WITHOUT ANNEXING THE PROPERTY. HOWEVER, THE DESIRE OF
  THE DEVELOPER IS TO BE WITHIN THE CITY LIMITS IN ORDER TO DEVELOP ACCORDING TO CITY CODES
  AND ORDINANCES.
- (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 AFFECT ANY OF THE ABOVE.
- (10). How long has the property remained vacant? THE PROPERTY HAS REMAINED VACANT FOR SEVERAL YEARS EXECPT FOR THE ONE OCCUPIED FARM HOME ON THIS PROPERTY.
- (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 WITH THE DEVELOPER EXTENDING CWL UTILITIES TO THIS PROPERTY IT SHOULD HAVE A POSITIVE IMPACT ON THE AREA. ALSO THE ULTIMATE UTILIZATION OF THIS PROPERTY IS CONSISTENT WITH THE NEED FOR ADDITIONAL NEIGHBORHOOD PARKS AND OPEN AREAS.
- (12). If the rezoning is approved, when would development or redevelopment begin? WOULD LIKE TO PERMIT CONSTRUCTION IN EARLY SUMMER.
- (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.

  MEETINGS WERE HELD TO DISCUSS THE PROPOSED DEVELOPMENT.
- (14). If this application is for a Limited Use Overlay (LUO), the applicant must specify all uses desired to be permitted.

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29-Aug-03, Revised 31-Oct-03

# 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:	
Address:	
City, State:	ZIP
Telephone:	
Facsimile:	
Signature:	
Deed: Please attach a copy of	the deed for the subject property.
Name:	
Address:	
City, State:	ZIP
Telephone:	
Facsimile:	
Signature:	
Name:	
Address:	
City, State:	
Telephone:	
Facsimile:	

# Applicant:

Facsimile:

relation	ship to the rea	zoning proposa	al:	-		
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Pehh	mers, Ph	Wy T.	FedSON,	Kobert	McCall,	
<b>N</b> T	Rex Gil	bent, Co	write C	riBent.	McCall, Sundrall	RCa11

If you are not the Owner of Record, please describe your

Name:		
Address:	300. South Church	P. O. Box 1700
City, State:	Jonesboro, Ar	
Telephone:	870 -931-170	0

Jef W. Chled Signature: