



Application for a Zoning Ordinance Map Amendment

METROPOLITAN AREA
PLANNING COMMISSION
Jonesboro, Arkansas

Date Received: 09-15-10
Case Number: RZ 10-16

LOCATION: 2206, 2212, 2200 Stadium Blvd.
Site Address: 3004, 3008, 3010 Parkwood Rd.
3009 ~~Sun Ave.~~

Side of Street: _____ between Parkwood and Sun

Quarter: NE Section: 28 Township: 15 Range: 4

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: C-3 LUO Proposed Zoning: C-3 LUO - except Restaurant

Size of site (square feet and acres): 3.37 acres Street frontage (feet): 992
146, 797.2 sq ft. Street 3 sides

Existing Use of the Site: Residential

Character and adequacy of adjoining streets: _____

Does public water serve the site? yes

If not, how would water service be provided? _____

Does public sanitary sewer serve the site? yes

If not, how would sewer service be provided? _____

Use of adjoining properties:

North Residential

South Residential

East Residential

West Fairground

Physical characteristics of the site: _____

Characteristics of the neighborhood: _____

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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?
- (2). What is the purpose of the proposed rezoning? Why is the rezoning necessary?
- (3). If rezoned, how would the property be developed and used?
- (4). What would be the density or intensity of development (e.g. number of residential units; square footage of commercial, institutional, or industrial buildings)?
- (5). Is the proposed rezoning consistent with the *Jonesboro Comprehensive Plan* and the *Future Land Use Plan*?
- (6). How would the proposed rezoning be the public interest and benefit the community?
- (7). How would the proposed rezoning be compatible with the zoning, uses, and character of the surrounding area?
- (8). Are there substantial reasons why the property cannot be used in accordance with existing zoning?
- (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.
- (10). How long has the property remained vacant?
- (11). What impact would the proposed rezoning and resulting development have on utilities, streets, drainage, parks, open space, fire, police, and emergency medical services?
- (12). If the rezoning is approved, when would development or redevelopment begin?
- (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.*
- (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.

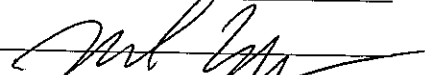
Name: Mike Ebbert

Address: 408 S. Main

City, State: Jonesboro AR ZIP 72401

Telephone: 870-932-3841

Facsimile: 870-972-6766

Signature: 

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: _____

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

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Name:

Glen D. Talley

Address:

218 CR 705

City, State:

Jonesboro AR ZIP AR

Telephone:

870-972-1740-761-4522

Facsimile:

Signature:

Glen D. Talley

Applicant:

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

Name:

Address:

City, State:

_____ ZIP _____

Telephone:

Facsimile:

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Name: Marvin & Peggy Henderson

Address: 3009 Sun Ave.

City, State: Jonesboro AR ZIP 72401

Telephone: 870-932-9687

Facsimile: _____

Signature: Marvin & Peggy Henderson

Applicant:

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

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Address: _____

City, State: _____ ZIP _____

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Facsimile: _____

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Applicant:

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

Name: *	<u>Dolly Brown by George Brown POA</u>	Name:	_____
Address:	<u>4324 E 104 Ave</u>	Address:	_____
City, State:	<u>Crownpoint IN ZIP 46307</u>	City, State:	_____ ZIP _____
Telephone:	<u>219-226-1573</u>	Telephone:	_____
Facsimile:	_____	Facsimile:	_____
Signature:	<u>Dolly Brown by George Brown POA</u>	Signature:	_____

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