



Application for a Zoning Ordinance Map Amendment

METROPOLITAN AREA
PLANNING COMMISSION
Jonesboro, Arkansas

Date Received: _____

Case Number: _____

LOCATION:

Site Address: 3703 S. CULBERHOUSE _____

Side of Street: W between SADIE LANE _____ and FARM CREEK _____

Quarter: SE 1/4 Section: 36 _____ Township: 14 _____ Range: 3 _____

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-4 LUO _____ Proposed Zoning: RS-7 _____

Size of site (square feet and acres): 397654SF = 9.13 AC _____ Street frontage (feet): 200 _____

Existing Use of the Site: COMMERCIAL NURSERY _____

Character and adequacy of adjoining streets: 24' WIDE PAVED STATE HWY _____

Does public water serve the site? YES _____ ALONG HWY RIGHT OF WAY _____

If not, how would water service be provided? _____

Does public sanitary sewer serve the site? NO. TO BE EXTENDED TO PROPERTY _____

If not, how would sewer service be provided? _____

Use of adjoining properties:

North RESIDENTIAL _____

South COMMERCIAL LUO _____

East RESIDENTIAL _____

West RESIDENTIAL _____

Physical characteristics of the site: FLAT UNDEVELOPED _____

Characteristics of the neighborhood: SINGLE FAMILY AND LIMITED USE COMMERCIAL _____

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 18 days prior to the next MAPC meeting. 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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29-Aug-03, Revised 14-3-2014

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? C-4 LUO
- (2). What is the purpose of the proposed rezoning? Why is the rezoning necessary? TO CONSTRUCT SINGLE FAMILY RESIDENTIAL
- (3). If rezoned, how would the property be developed and used? SINGLE FAMILY RESIDENTIAL
- (4). What would be the density or intensity of development (e.g. number of residential units; square footage of commercial, institutional, or industrial buildings)? 7 UNITS PER ACRE
- (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? PROVIDE ADDITIONAL RESIDENTIAL AND REDUCE THE AMOUNT OF COMMERCIAL
- (7). How would the proposed rezoning be compatible with the zoning, uses, and character of the surrounding area? RESIDENTIAL
- (8). Are there substantial reasons why the property cannot be used in accordance with existing zoning? NO.
- (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 ADVERSE IMPACT
- (10). How long has the property remained vacant? 3 YRS
- (11). What impact would the proposed rezoning and resulting development have on utilities, streets, drainage, parks, open space, fire, police, and emergency medical services? NO ADVERSE IMPACT
- (12). If the rezoning is approved, when would development or redevelopment begin? IMMEDIATELY AFTER ZONING APPROVAL
- (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.

Applicant:

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

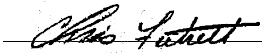
Name: CKF, LLC _____

Address: 504 FARM CREEK _____

City, State: JONESBORO, AR ZIP 72404

Telephone: 870-588-5042 _____

Facsimile: _____

Signature:  _____

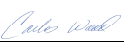
Name: CARLOS WOOD _____

Address: 148 CR 375 _____

City, State: BONO, AR _____ ZIP 72416

Telephone: 870-972-8335 _____

Facsimile: _____

Signature:  _____

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

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