



Application for a Zoning Ordinance Map Amendment

METROPOLITAN AREA
PLANNING COMMISSION
Jonesboro, Arkansas

Date Received: 05-16-11
Case Number: RZ 11-13

LOCATION:

Site Address: 5306 APT DRIVE

Side of Street: EAST between HWY 1 and HWY 163B

Quarter: PT NW NE Section: 09 Township: 13N Range: 04E

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-1 Proposed Zoning: RM-8

Size of site (square feet and acres): 1.4 ACRES Street frontage (feet): 235

Existing Use of the Site: VACANT

Character and adequacy of adjoining streets: 2- LANE PAVED STATE HIGHWAY

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 MULTI-FAMILY

South MULTI-FAMILY

East VACANT

West COMMERCIAL

Physical characteristics of the site: FLAT

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Characteristics of the neighborhood: COMMERCIAL AND MULTI-FAMILY

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-1
- (2). What is the purpose of the proposed rezoning? Why is the rezoning necessary? TO COMPLY CITY ZONING ORDINANCE
- (3). If rezoned, how would the property be developed and used? CONSTRUT TWO 4-PLEX MULTI-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)? 8UNITS
- (5). Is the proposed rezoning consistent with the *Jonesboro Comprehensive Plan* and the *Future Land Use Plan*? YES
- (6). How would the proposed rezoning be the public interest and benefit the community? REDUCE SPOT ZONING
- (7). How would the proposed rezoning be compatible with the zoning, uses, and character of the surrounding area? CONSISTANT WITH THE NEIGHBORHOOD
- (8). Are there substantial reasons why the property cannot be used in accordance with existing zoning? HIGHEST & BEST USE
- (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. LIGHT IMPACT
- (10). How long has the property remained vacant? UNKNOWN APPEARS NO STRUCTURE HAS EVER BEEN ON LOT
- (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
- (12). If the rezoning is approved, when would development or redevelopment begin? IMMEDIATELY
- (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:

JACK WHITEHEAD

Applicant:

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

PROSPECTIVE BUYER

Name:

TOBY ALEXANDER

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Address: P.O. Box 17112

City, State: JONESBORO AR ZIP 72404

Telephone: 870-897-6638

Facsimile: _____

Signature: J G. Whithead

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

Address: 601 TANNYHILL DRIVE

City, State: JONESBOR, AR. ZIP 72404

Telephone: 870-761-1199

Facsimile: 870-972-0027, touchups1@suddenlink.net

Signature: _____

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