

## Application for a Zoning Ordinance Map Amendment

METROPOLITAN AREA PLANNING COMMISSION

Meeting Date: Date Received
Meeting Deadline Received

8.6.20 RZ 20-M

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| LOCATION:<br>Site Address:   | 3707 S. Caraway Rd   |
| Side of Street: West   | between Aron Ave and Glenn Pl  |
| Quarter: SE  | Section: 32 Township: 1'11 14 North Range: 04 East   |
| Attach a survey plat and legs  | al description of the property proposed for rezoning. A Registered Land Surveyor must prepare this plat. |
| SITE INFORMATION:<br>Existing Zoning:  | R1 Proposed Zoning: C3   |
| Size of site (square feet at   | 16.77 / 730.452  |
| Existing Use of the Site:  | Church   |
| Character and adequacy of  | of adjoining streets: Two(2) Lane Paved  |
| Does public water serve to   | he site? Yes   |
| If not, how would water s  | service be provided?   |
| Does public sanitary sewe  | er serve the site?   |
| If not, how would sewer s  | service be provided?   |
| Use of adjoining propertie   | North Commercial Business C3   |
|  | South Vacant Land C3   |
|  | East Business Commercial C3  |
|  | West Cemetery R1   |
| Physical characteristics of the  | Flat Field, having a 16,000sqft church building  |
| Characteristics of the neighbo   | Vacant land, Business's, Multi Fanily Housing  |

Applications will not be considered complete until all tiens 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 on the public meeting schedule. 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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The applicant is responsible for explaining and justifying the proposed rezoning. Please prepare an attachment to this applicans answering each of the following questions in detail:

- (I). How was the property zoned when the current owner purchased it? R1
- (2). What is the purpose of the proposed rezoning? Why is the rezoning necessary? Day Care Facility
- (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 restdential 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? Child care is needed
- (7). How would the proposed rezoning be compatible with the zoning, uses, and character of the surrounding area? Multi Family
- (8). Are there substantial reasons why the property cannot be used in accordance with existing zoning? N/A
- (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 affect
- (10). How long has the property remained vacant? It's not 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? No impact
- (12). If the rezoning is approved, when would development or redevelopment begin? N/A
- (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. N/A
- (14). If this application is for a Limited Use Overlay (LUO), the applicant must specify all uses desired to be penn

## 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.

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

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

| Name:        | South Caraway Baptist C | Name:    | Josh         |        |
|--------------|-------------------------|----------|--------------|--------|
| Address:     | 3707 S. Caraway Rd      | Address: | PO BO        |        |
| City, State: | Jonesboro, AR 72404     | ZIP      | City, State: | Jones  |
| Telephone:   | (870)530-5086           |          | Telephone:   | (870   |
| Facsimile    |                         |          | Facsimile:   |        |
| Signature:   | Pastor Steven Dew       |          | Signature:   | Joshua |
|              |                         |          |              |        |

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sboro, AR 72402

0)761-7376

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

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