



CONDITIONAL DISTRICT REZONING APPLICATION

Applicant's Name: Union County/ Chris Boyd

Applicant's Mailing Address: 500 North Main Street, Monroe, NC 28112

Applicant's Phone Number: 704-283-3500

Applicant's Email: Christopher.boyd@unioncountync.gov

Property Owner Name: Union County

Property Owner Mailing Address: 500 North Main Street, Monroe, NC 28112

FOR STAFF USE ONLY

PROJECT _____

DATE RECEIVED _____

FEE AMOUNT _____

FEE RECEIVED _____

REVIEWED BY _____

REVIEW DATE _____

PLANNING BOARD DATE _____

Applicant's Relationship to the Property Owner (Check the one that applies):

- Owner
- Legal Representative of the Owner (must attach Affidavit of owner's permission for this action)
- Developer (must attach Affidavit of owner's permission for this action)
- Other, specify (must attach Affidavit of owner's permission for this action)

Property Address: 600 Honeysuckle Lane, Monroe, NC 28110

Tax ID Number: 09180027 Acreage/Sq. Ft. 4.80/5,479

Existing Zoning: RMD Proposed Conditional District Type: Conditional-Commercial

Is the applicant requesting a vesting period exceeding the 2-year minimum?

Circle one: Yes No If yes, number of years? (maximum of 3) _____

Please provide justification for vesting extension, if requested: _____

Proposed Conditionals and Uses: Group Homes 6 persons or more

NOTE: The following items must be submitted and checked off in order for this applicant to be deemed complete.

Applicant	Staff	Checklist Items
✓		Appropriate Fees (Check Fee Schedule)
✓		Site plan must be drawn to scale by a design professional licensed in North Carolina and feature the following:
✓		(1) <i>A boundary survey and vicinity map showing the property's total acreage, its zoning classification(s), the general location in relation to major streets, railroads, and/or waterways, the date, and north arrow</i>
✓		(2) <i>All existing easements, reservations, and rights of ways</i>
✓		(3) <i>Areas in which structures will be located</i>
✓		(4) <i>Proposed use of all land and structures, including the number of residential units and the total square footage of any nonresidential development</i>
✓		(5) <i>All yards, buffers, screening, and landscaping required by the Unified Development Ordinance or proposed by the petitioner</i>
✓		(6) <i>All existing and proposed points of access to public streets</i>
✓		(7) <i>Watershed locations and delineation of areas within the regulatory floodplain as shown on the Official Flood Insurance Rate Maps</i>
✓		(8) <i>Proposed phasing, if any</i>
✓		(9) <i>The location of existing and proposed storm drainage patterns and facilities intended to serve the proposed development</i>
✓		(10) <i>Generalized traffic, parking, and circulation plans</i>
✓		(11) <i>Proposed number and general location of all structures</i>
✓		(12) <i>Proposed screening, buffers and landscaping, as well as proposed treatment of any existing natural features.</i>
✓		(13) <i>A Zoning classification of all adjoining properties (adjoining properties shall be construed to mean and include properties on the opposite side of any street, stream, railroad, road or highway from the property sought to be rezoned). All property lines with dimensions, distances of lot from the nearest intersection, and north arrow</i>
✓		(14) <i>Adjoining streets with rights of way and pavement widths.</i>
✓		(15) <i>Existing location of buildings on lot.</i>
✓		(16) <i>Tree preservation and mitigation plan in adherence to the Tree Preservation Section of the UDO</i>
<i>Waiver of any of the above requirements can only be made by the Zoning Administrator</i>		

I do hereby certify that all information that I have provided in this application is correct and complete to the best of my knowledge. I understand that other requirements to ensure compatibility with the intended area and conformance with city standards, and may be requested at the discretion of City Staff, Planning Board, or City Council. I understand that providing false or incomplete information may be grounds for denial of my request or may result in future action by the City Council to reverse any favorable decision based upon this request.

By signing and submitting this document, I agree that all signatures where required may be Electronically Signed by either party pursuant to NCGS 66-315(b).

Applicant (printed): Union County/Chris Boyd

Applicant (signed): _____

Date: _____

Owner (printed): _____

By: _____ **Title:** _____

Owner (signed): _____

Date: _____

****If you are signing on behalf of a business (such as an LLC), you must include your title with the company****
