

Application for Conditional Rezoning

**Union County
Planning Department**
500 N Main Street - Suite 70
Monroe, NC 28112
T 704.283.3565
E UCPlanning@unioncountync.gov

General Information

Project Address Fairview Rd, Mill Grove Rd City _____ State NC Zip 28079
Tax Parcel ID 08312014 Current Zoning Designation RA-40 Total Acres 410
08282009A
Proposed Zoning Designation R-4 Date Submitted July 16, 2024

Contact Information

Applicant Name Kolter Group Acquisitions LLC
Address 4006 Cresswind Blvd City Monroe State NC Zip 28110
Phone (704) 575-9310 Fax _____ Email epowell@kolter.com
Property Owner Name Belk Agriculture & Forestry LLC
Address 204 C W Woodlawn Rd City Charlotte State NC Zip 28217
Phone (704) 562-6033 Fax _____ Email bv@bvbproperties.com

Mike McLendon

Applicant's Certification

Mike McLendon 7/16/2024 Authorized Signator
Signature Date Printed Name/Title

Owner's Certification (include names and signatures of all owners)

BV Bell Jr 7-15-24 B.V. BELK JR
Signature Date Printed Name/Title

Union County Office Use Only:

Case Number: 2024-CZ-007 Gold Branch Date Received: 7-16-24

Amount of Fee: \$3,000 Fee Ok: BEH Received by: BEH

Contact Bjorn Hansen to begin the process. T. 704.283.2690 E. Bjorn.hansen@unioncountync.gov



**This document is only valid from July 1, 2024 - June 30, 2025

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08309016 Current Zoning Designation RA-40 Total Acres 410
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Proposed Zoning Designation R-4 Date Submitted July, 2024

Contact Information

Applicant Name Kolter Group Acquisitions LLC
Address 4006 Cresswind Blvd City Monroe State NC Zip 28110
Phone (704) 575-9310 Fax _____ Email epowell@kolter.com
Property Owner Name Purser William Norris ET AL
Address 1216 Rock Hill Church Rd City Matthews State NC Zip 28104
Phone 704-614-3877 Fax _____ Email thepursers372@gmail.com

Applicant's Certification

Mike McLendon 7/16/2024 Mike McLendon
Signature Date Authorized Signator
Printed Name/Title

Owner's Certification (include names and signatures of all owners)

SEE ATTACHED SHEET
Signature Date Printed Name/Title

Union County Office Use Only:

Case Number: _____ Date Received: _____

Amount of Fee: _____ Fee Ok: _____ Received by: _____

Contact Bjorn Hansen to begin the process. T. 704.283.2690 E. Bjorn.hansen@unioncountync.gov



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Owner's Certification (include names and signatures of all owners)

William N. Purser

Signature

11 JULY 2024

Date

WILLIAM N. PURSER

Printed Name/Title

Carole S. Purser

Signature

7/11/2024

Date

Carole S. Purser

Printed Name/Title

Deloria P. Rowell

Signature

7-11-2024

Date

Deloria P. Rowell

Printed Name/Title

Thomas Howard Rowell

Signature

7-11-2024

Date

Thomas Howard Rowell

Not an Owner -
Marital Interest Only
Printed Name/Title