



City of Green Cove Springs Site Plan Application

FOR OFFICE USE ONLY

P Z File # _____

Application Fee: _____

Filing Date: _____ Acceptance Date: _____

Review Type: SRDT ☐ P & Z ☐ CC ☐

A. PROJECT

1. Project Name: Preserve at Green Cove Springs
2. Address of Subject Property: US 17 & CR 209
3. Parcel ID Number(s): 38-06-26-016499-007-01
4. Existing Use of Property: unimproved land
5. Future Land Use Map Designation: mixed-use
6. Zoning Designation: PUD
7. Acreage: 13.92

B. APPLICANT

1. Applicant's Status ☐ Owner (title holder) ☒ Agent
2. Name of Applicant(s) or Contact Person(s): Eric Conkright Title: _____
Company (if applicable): PC Acquisition, LLC
Mailing address: 1 Concourse Pkwy, Ste 800
City: Atlanta State: GA ZIP: 30328
Telephone: (____) 404-625-6373 FAX: (____) _____ e-mail: eric@piedmontpe.com
3. If the applicant is agent for the property owner*:
Name of Owner (title holder): Virginia S. Hall Revocable Trust, J.P. Hall Jr Second Amended and Restated Revocable Trust, CHS LLC, Lyman G. Hall
Company (if applicable): _____
Mailing address: 2321 Egremont Drive
City: Orange Park State: FL ZIP: 32073
Telephone: (____) 904-860-8739 FAX: (____) _____ e-mail: virginiashall@msn.com

* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

C. ADDITIONAL INFORMATION

1. Is there any contract for sale of, or options to purchase the subject property? ☒ Yes ☐ No
If yes, list names of all parties involved: PC Acquisition, LLC
If yes, is the contract/option contingent or absolute? ☒ Contingent ☐ Absolute

6. Fee.

a. Based on size of site:

- i. For sites <10,000 s.f. - \$500
- ii. For sites >10,000 s.f. - \$1,000 + \$20 per acre

b. All applications are subject 10% administrative fee and must pay the cost of any outside consultants' fees.

No application shall be accepted for processing until the required application fee is paid in full by the applicant. Any fees necessary for technical review or additional reviews of the application by a consultant will be billed to the applicant at the rate of the reviewing entity. The invoice shall be paid in full prior to any action of any kind on the development application.

All 6 attachments are required for a complete application. A completeness review of the application will be conducted within five (5) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:



Signature of Applicant

Signature of Co-applicant

Eric Conkright

Typed or printed name and title of applicant

Typed or printed name of co-applicant

3/10/2025

Date

Date

State of GEORGIA County of FORSYTH

The foregoing application is acknowledged before me this 10 day of MARCH, 2025, by ERIC

CONKRIGHT, who is/are personally known to me, or who has/have produced DRIVERS LICENSE
as identification.

NOTARY SEAL

upth

Signature of Notary Public, State of GA

