

Office Use Only:

Application #:

Payment Method: Cash Check Credit Card Amount \$ _____ Date Paid _____

Zoning Application

Note: Application will not be considered until all required submittal components listed have been completed

Applicant's Name: RICHARD M. CUMMINGS Phone: 704-634-2562
 Applicant's Mailing Address: PO Box 692 MATTHEWS, NC 28106

Property Information:

Property Location: 207 N. Polk Street Pineville NC
 Property Owner's Mailing Address: 3928 Silver Bell Drive Charlotte, NC 28211
 Property Owner Name: PEL PARTNERS, LLC Phone: 704-364-8736
 Tax Map and Parcel Number: 20501213 20501216 Existing Zoning: B-3

Which are you applying (Check all that apply):

Rezoning by Right Conditional Zoning Conditional Rezoning Text Amendment

Fill out section(s) that apply:

Rezoning by Right:
 Proposed Rezoning Designation B-3 (CD)

Conditional Zoning:
 Proposed Conditional Use Automotive Service
 Acreage .333 Square Feet 2,650 Approximate Height 20' # of Rooms N/A
 Parking Spaces Required 9 Parking Spaces Provided 9+ ****Please Attach Site Specific Conditional Plan**

Conditional Rezoning:
 Proposed Conditional Rezoning Designation B-3(CD)

Text Amendment:
 Section _____ Reason _____
 Proposed Text Change (Attach if needed) _____

I do hereby certify that all information which I have provided for this application is, to the best of my knowledge, correct.

[Signature]
 Signature of Applicant

7/22/20
 Date

 Signature of Property Owner (If not Applicant)

 Date

 Signature of Town Official

 Date