Pineville
PLANNING & ZONING

Submit to Planning Department, 200 Dover St, Pineville, NC 28134
Phone (704) 889-2291 Fax (704) 889-2293

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: BH4 – Acquisitions, LLC Phone: 919-270-2516

Applicant's Mailing Address: 1111 Haynes Street, Suite 203, Raleigh, NC 27604-1454

Property Information:

Property Location: 404 Main Street, Pineville, NC 28134

Property Owner's Mailing Address: 104 Cranford Dr., Pineville NC 28134, P.O. Box 728, Pineville, NC 28134, and 404 Main Street, Pineville, NC 28134

Property Owner Name: Michael and Paul Brock Gross Phone: _____

Tax Map and Parcel Number: 20501103, 20501105, 20501104, 20501106, and 20501102 Existing Zoning: _____

Which are you applying (Check all that apply):

Rezoning by Right _____ Conditional Zoning X Conditional Rezoning _____ Text Amendment _____

Fill out section(s) that apply:

Rezoning by Right:

Proposed Rezoning Designation _____

Conditional Zoning:

Proposed Conditional Use DC-CD (Downtown Core District with Downtown Overlay - Conditional Zoning)

Acreage 4.821 AC. Square Feet 8,500 (commercial) Approximate Height 5 Stories # of ~~Rooms~~ Units 294

Parking Spaces Required _____ Parking Spaces Provided _____ ****Please Attach Site Specific Conditional Plan**

Conditional Rezoning:

Proposed Conditional Rezoning Designation _____

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 of Applicant , Manager
Blue Heron Asset Management, LLC,
Manager,
BH4 - Acquisitions
Date 2/22/23

Paul B. Gross / Michael Gross
Signature of Property Owner (If not Applicant)
Date 2.22.23

Signature of Town Official
Date