

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  
104 Cranford Dr., Pineville NC 28134, P.O. Box 728, Pineville, NC 28134, and  
Property Owner's Mailing Address: 404 Main Street, Pineville, NC 28134  
Property Owner Name: Michael and Paul Brock Gross Phone: \_\_\_\_\_  
20501103, 20501105, 20501104,  
Tax Map and Parcel Number: 20501106, and 20501102 Existing Zoning: \_\_\_\_\_

### 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 \_\_\_\_\_

#### 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 Units 294  
# of Rooms 294  
Parking Spaces Required \_\_\_\_\_ Parking Spaces Provided \_\_\_\_\_  
**\*\*Please Attach Site Specific Conditional Plan**

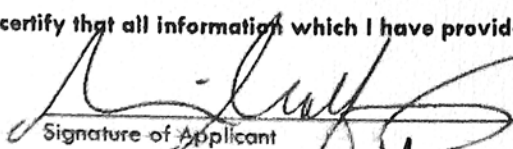
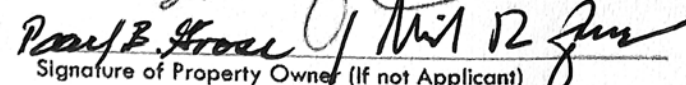
#### Conditional Rezoning:

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  
  
Signature of Property Owner (If not Applicant)

, Manager  
Blue Heron Asset Management, LLC,  
Manager,  
BH4 - Acquisitions

2/22/23  
Date

2.22.23

Date

Signature of Town Official

Date