

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: Fielding Homes, LLC Phone: 704.634.1703

Applicant's Mailing Address: 227 WEST TRADE STREET, SUITE 1610, CHARLOTTE, NC 28202

Property Information:

Property Location: 13328 ROCK HILL-PINEVILLE RD PINEVILLE NC 28134

Property Owner's Mailing Address: 3685 HIGHWAY 51 N, FORT MILL SC 29715

Property Owner Name: FAMILY LTD PARTNERSHIP, JAMES ROSS MILLER JR Phone: _____

Tax Map and Parcel Number: 20504114 Existing Zoning: R-44

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 _____

Acreage _____ Square Feet _____ Approximate Height _____ # of Rooms _____

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

Conditional Rezoning:

Proposed Conditional Rezoning Designation RESIDENTIAL MIXED USE (RMX)

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

1-25-21

Date



Signature of Property Owner (If not Applicant)

1-26-21

Date

Signature of Town Official

Date