

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: ILIM School Phone: (678)551-3646
Applicant's Mailing Address: 8228 Marshall Bridge rd #4108, Charlotte NC 28277

Property Information:

Property Location: 505 Towne Centre Blvd, Pineville NC 28134
Property Owner's Mailing Address: Same as above
Property Owner Name: ILIM School Phone: 678-551-3646
Tax Map and Parcel Number: 22113130 Existing Zoning: Commercial B4

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 School
Acreage 2.93 Square Feet ±39,900 Approximate Height 35' to parapet # of Rooms ±50
Parking Spaces Required 100 Parking Spaces Provided 71 ****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.

Golanda Dria Pienne
Signature of Applicant

2/12/2026
Date

Signature of Property Owner (If not Applicant)

Date

Signature of Town Official

Date