

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

Office Use Only:			lication #:	
Payment Method: Cash Check	Credit Card	_ Amount \$_	Date Paid	
Zor	ning App	olicatio	n	
Note: Application will not be considered	until all require	d submittal cor	nponents listed have been completed	i .
Applicant's Name: South Oak Partners, LLC			Phone: _704-995-2808	
Applicant's Mailing Address: 8111 Sealey Cour	rt, Charlotte, No	C 28277		
roperty information:				
Property Location: 606 North Polk St.; 607 M	Torrow Ave.; 60	9 Могтоw А	ve., Pineville, NC 28134	
Property Owner's Mailing Address: 601 Belle M	leade Ct., Waxl	haw, NC 281	73	
Property Owner Name: Daniel and Penelope	— Macuga Trust		Phone:	
		200	D 2	
Tax Map and Parcel Number: 207-09-205, 207-	-09-208, 207-08	3-209 Existin	ng Zoning:	
Which are you applying (Check all that app				
Rezoning by Right Conditional Zoning	gX C	onditional Rezor	ing Text Amendment	
ill out section(s) that apply:				
Rezoning by Right:				
Proposed Rezoning Designation				
Conditional Zoning: Proposed Conditional Use Residential Conditional Use				_
Acreage <u>+/- 1.21 Ac</u> Square Feet <u>+/- 45.6</u>			# of Rooms	
Parking Spaces Required 38 Parking Space	es Provided	**	Please Attach Site Specific Conditional	Plan
Conditional Rezoning:  Proposed Conditional Rezoning Designation B-3	Conditional to a	allow for 197	Town Homes	
Text Amendment:				
Section B-3 Uses Reason Al	low for residen	tial use wher	e currently not allowed.	
Proposed Text Change (Attach if needed) 6.1. This business district located adjacent to Pinevil accommodate a wide variety of smaller and me	.6 General Busines lle's historic Down edium-sized retail.	town Core and	intended to closely reflect that. This dist l, and residential us	trict is de
	مد مدوروا والمحال المدورو	ie amplication !	to the best of my knowledge servest	
I do hereby certify that all information which I have	ve provided for in	is abbiication i		•
Tole EN	led I MOP	DEER	4-15-2024	
Signature of Applicant South	DE PORTA	MS, LIC	Date	
Signature of Property Owner (If no	t Applicant)		Date	
Signature of Town Official			Date	