

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

Office Use Only:	CONTRACTOR		Application	on #:
Payment Method:			Amount \$	Date Paid
	Z	oning Ap	plication	
Note: Applic				nts listed have been completed
Applicant's Name	/acus Taylor Davinara VII	11.6	Pho	no. 422 702 0212
Applicant's Name: <u>Vogue Tower Partners VII, LLC</u>				
Applicant's Mailing Ac	ddress: 430 Chestnut St	treet, Suite 101-B, Ch	attanooga, TN, 37402	
Property Information	n:		,	
Property Location:	Carolina Sportsplex, Dorm	nan Road, Pineville, N	C 28134	
Property Owner's Mai	iling Address: 13333 D	orman Road, Pineville	, NC 28134	
Property Owner Name	e: Carolina Sportsplex,	LLC (Brad Wylde)	Pho	ne: 704-708-4166
Tax Map and Parcel Number:				
	lying (Check all that		LXSIIII LOIII	igKMX
	Conditional Zo		Conditional Rezoning	Text Amendment
Fill out section(s) th	nat apply:			
Rezoning by Right:	76-7			
Proposed Rezoning De	esignation			
C!::! 7:				A
Conditional Zoning:	Use <u>Multi-carrier Comn</u>	nunication Eacility with	180' monopole	
Acreage05	_ Square Feet2,2.	SU Approx	cimate Height180'	# of Rooms <u>N/A</u>
Parking Spaces Requir	red N/A Parking S	paces Provided N	/A **Please	Attach Site Specific Conditional Plan
Conditional Rezoning	j:			
Proposed Conditional	Rezoning Designation			
Text Amendment:				
Section	Reason			
Proposed Text Change	e (Attach if needed)			
Troposed Text Change	(Andarii needed)			
I do hereby certify the	at all information which I	I have provided for tl	nis application is, to the	e best of my knowledge, correct.
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10	truple.	JUM		.17.2022
Signa	ture of Applicant		Date	9
Signa	iture of Property Owner (I	If not Applicant)	Date	<u> </u>
S.g.i.d	The state of the s	F F		
Signa	ture of Town Official		Date	e