

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: Michael Stumpf Phone: 704-299-0605
Applicant's Mailing Address: 3219 Bannock Drive, Fort Mill SC 29715

Property Information:

Property Location: 1005 Cone Ave, Pineville NC 28134
Property Owner's Mailing Address: 3219 Bannock Drive, Fort Mill SC 29715
Property Owner Name: Michael Stumpf Phone: 704-299-0605
Tax Map and Parcel Number: 22104304 Existing Zoning: Residential

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 _____

Text Amendment:
Section 3.3 ; Page 60 Reason Please see "Stumpf_Ordinance Change Request" in the Attachment.
Dwelling, Secondary
Proposed Text Change (Attach if needed) Remove: The principal dwelling on the lot containing the private residential quarters shall be owner-occupied.

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

9/18/2024

Date

Signature of Property Owner (If not Applicant)

Date

Signature of Town Official

Date