



Rowan County Department of
Planning & Development
402 N. Main Street Suite 204
Salisbury, NC 28144
Phone (704) 216-8588
Fax (704) 638-3130
www.rowancountync.gov

Case # Z 09-21
Date Filed 10/15/21
Received By SAS
Amount Paid \$ 300.00 CC
Office Use Only

REZONING APPLICATION

OWNERSHIP INFORMATION:

Name: Jaypal Reddy Kalagiri

Signature: [Signature]

Phone: 616-264-1162 Email: jkalagiri@gmail.com

Address: 1345 Sandy Bottom Dr NW Concord NC 28027

APPLICANT / AGENT INFORMATION: Complete affidavit on back if non-owner

Name: Jaypal Reddy Kalagiri

Signature: [Signature]

Phone: 616-264-1162 Email: jkalagiri@gmail.com

Address: 1345 Sandy Bottom Dr NW Concord NC 28027

PROPERTY DETAILS:

Tax Parcel(s): 414 042 Size (sq. ft. or acres): 35.51 acres

Property Location: 0 Glover Rd Salisbury NC 28146

Current Land Use: None

Date Acquired: 8/12/2021 Deed Reference: Book _____ Page _____

REQUEST DETAILS:

Existing Zoning District RA Requested Zoning District RA-CD

If requesting a conditional zoning district, list proposed use or uses:

Use as cricket field for private clubs to be played during the day time. No flood lights will be used. Most of the players do car pool, but even if they drive separately along with the guests, we will not have more than 40 to 45 cars at the most.

Additional information enclosed restricting the conditional use district? Yes ☐ No ☒

Site plan containing information from sec. 21-52 enclosed? Yes ☒ No ☐

AFFADAVIT OF OWNER

To be completed if applicant is not the property owner

I (We), _____, owner(s) of the within described property do hereby request the proposed rezoning and hereby authorize the person listed below to act as my (our) duly authorized agent in this matter.

Signature(s): _____

Date: _____

Name of Applicant / Agent: _____

Address: _____

Phone Number: _____

IT IS UNDERSTOOD BY ALL PARTIES HERETO INCLUDING OWNER(S) & APPLICANT(S) / AGENT(S) THAT WHILE THIS APPLICATION WILL BE CAREFULLY CONSIDERED AND REVIEWED, THE BURDEN OF PROVIDING ITS NEED RESTS WITH THE ABOVE NAMED APPLICANT WHETHER OWNER, NON-OWNERS, OR OWNER'S AGENT.

STATE OF _____ COUNTY OF _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

My commission expires _____, 20 ____.

SEAL

OFFICIAL USE ONLY

1. Signature of Rezoning Coordinator: _____ 2. Planning Board
 Courtesy Hearing: 11/22/21 3. Notifications Mailed: 11/9/21 4. Property Posted:
11/9/21 5. Planning Board Action: Approved 6 Denied 0 6. Board of Commissioners
 Public Hearing: / / 7. Notifications Mailed: / / 8. Property Posted:
 / / 9. Dates Advertised: 1st / / 2nd / / 10. BOC Action: Approved
 Denied 11. Date Applicant Notified: / /