



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 03-22
Date Filed 2/7/22
Received By Adm
Amount Paid \$300 cash

Office Use Only

2-017372-2022

REZONING APPLICATION

OWNERSHIP INFORMATION:

Name: MICHELLE MEDLIN, NANCY L. GLENN, DIANE L. BRANDON

Signature: Alvin B. Branch, POA

Phone: 704-762-0270 Email: BRANDONALVINB@BELLSOUTH.NET

Address: 445 EASTLAND DR, SALISBURY, NC 28146

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

Name: Merrell Partners, LLC

Signature: Connie Merrell

Phone: 704-701-1678 Email: live.serve.lead@gmail.com

Address: 4627 Dove Field Ln Kannapolis NC 28081

PROPERTY DETAILS:

Tax Parcel(s): 406 010 406 126 Size (sq. ft. or acres): 4.87 OF 406 010
1505 PEACH ORCHARD Rd. 4.70-ACRES OF
0 PEACH ORCHARD Rd 406 126

Current Land Use: VACANT RESIDENTIAL, 406 010, VACANT LAND, 406 126

Date Acquired: 4/24/18 Deed Reference: Book 1307 Page 972

1307 973

REQUEST DETAILS:

Existing Zoning District RR Requested Zoning District B5-ED-2

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

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), MICHELLE MEDLIN, NANCY L. GLENN, DIANE L. BRANDON, 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): Alvin B. Brandon, POA

Date: _____

Name of Applicant / Agent: _____

Address: _____

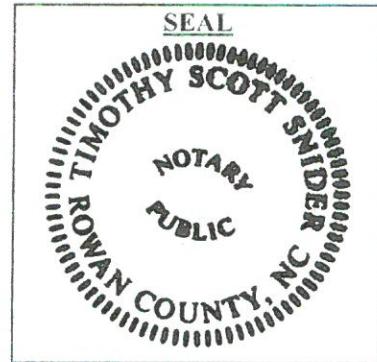
Phone Number: _____

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 NC COUNTY OF ROWAN

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

My commission expires 12/5, 20 23.



OFFICIAL USE ONLY

1. Signature of Rezoning Coordinator: _____ 2. Planning Board
Courtesy Hearing: _____ 3. Notifications Mailed: _____ 4. Property Posted:

5. Planning Board Action: Approved _____ Denied _____ 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: _____