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 07-22**

Date Filed August 3, 2022

Received By MEM

Amount Paid N/A

Office Use Only

EnerGov: Z-018410-2022

REZONING APPLICATION

OWNERSHIP INFORMATION:

Name: Rowan County, NC

Signature: Aaron C. Church

Phone: 704-216-8180 Email: greg.edds@rowancountync.gov

Address: 130 W. Innes Street Salisbury, NC 28144

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

Name: Aaron Church, County Manager

Signature: Aaron Church

Phone: 704-216-8180 Email: aaron.church@rowancountync.gov

Address: 130 W. Innes Street Salisbury, NC 28144

PROPERTY DETAILS:

Tax Parcel(s): Refer to Exhibit A attachment Size (sq.ft. or acres): 572.63 calculated acres

Property Location: Mid Carolina Regional Airport (RUQ) on Airport Rd and Airport Loop Rd

Current Land Use: Airport Operations and Aviation Related Uses

Date Acquired: Various Deed Reference: Book _____ Page _____

REQUEST DETAILS:

Existing Zoning District LI (Light Industrial) by City of Salisbury

Requested Zoning District AI (Airport Industrial) and AI(CD) by Rowan County

If requesting a conditional zoning district, list proposed use or uses: Refer to Adopted ALP

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: 8/22/22 3. Notifications Mailed: 8/12/22 4. Property Posted: 8/12/22 5. Planning Board Action: Approved X 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: ___/___/___