



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](http://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: *Greg Eds*

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: Ed J. 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: 9 / 19 / 22 7. Notifications Mailed: 9 / 7 / 22 8. Property Posted:

9 / 7 / 22 9. Dates Advertised: 1<sup>st</sup> 9 / 8 / 22 2<sup>nd</sup> 9 / 15 / 22 10. BOC Action: Approved

\_\_\_\_\_ Denied \_\_\_\_\_ 11. Date Applicant Notified: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_