

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 #	<u>z</u>
Date Filed	
Received By	
Amount Paid	
Offi	ce Use Only

R	REZONING APPLICATION —
OWNERSHIP INFORMATION	N:
Name: Sutton Children LLC	
Signature: Wtrank	la Catha
Phone: 919-614-6661	Email: wfranksutton@gmail.com
	e, Chapel Hill, NC 27517-3421
APPLICANT / AGENT INFOR	RMATION: Complete affidavit on back if non-owner
Name: Same as Above	
Signature:	
	Email:
Address:	
PROPERTY DETAILS:	
Tax Parcel(s): 463A289, Pin No.	5639-02-78-0479 Size (sq.ft. or acres): 5.98
Property Location: 0 Mooresv	ille Rd and John Rainey Road
Current Land Use: Vacant	
	Deed Reference: Book 1395 Page 953
REQUEST DETAILS:	
Existing Zoning District RR	Requested Zoning District CBI -CD
If requesting a conditional zoning	g district, list proposed use or uses:
All uses allowed in the CBI Di	
SIC 42 Transportation & War	rehousing - Self Storage Facility / Mini Warehousing
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), Sutton Children LLC	_, owner(s) of the within described
property do hereby request the proposed rezoning and he	ereby authorize the person listed below
to act as my (our) duly authorized agent in this matter. Signature(s):	
Date: 7/5/2022	
Name of Applicant / Agent: W. Franklin Sutton	
Address: 120 Lancaster Drive, Chapel Hill, NC 27517-3421	
Phone Number: 919-614-6661	
IT IS UNDERSTOOD BY ALL PARTIES HERETO IN APPLICANT(S) / AGENT(S) THAT WHILE THIS APPLICANT AND REVIEWED, THE BURDEN OF WITH THE ABOVE NAMED APPLICANT WHETHE OWNER'S AGENT.	PLICATION WILL BE CAREFULLY PROVIDING ITS NEED RESTS
STATE OF Arth Carolina COUNT	TY OF Dulan
I, Notary Pub certify that W. Frank Sutton person	lic for said County and State, do hereby
acknowledged the due execution of the foregoing instrur	ment.
My commission expires 6/17, 20 2	A SOUNT SOUN
Signature of Rezoning Coordinator:	2. Planning Board
Courtesy Hearing:/ 3. Notifications Mailed:	
/ / 5. Planning Board Action: Approved I	Denied 6. Board of Commissioners
Public Hearing:// 7. Notifications Mailed:/	• •
	••
Denied 11. Date Applicant Notified:/	<u>/</u>