



Rowan County Department of
Planning & Development
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Case # Z 05-20
Date Filed 10-27-2020
Received By B. Post
Amount Paid 300.00 CR# 8487
Office Use Only

REZONING APPLICATION

OWNERSHIP INFORMATION:

Name: Steigman Storage LLC
Signature: [Signature]
Phone: 704-798-6538 Email: steinman@salisburyanimalhospital.com
Address: 4290 Long Ferry Road

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

Name: Bryle Evans
Signature: [Signature]
Phone: 704-640-1833 Email: rmglover124@gmail.com
Address: 124 Brandon Drive Salisbury NC 28144

PROPERTY DETAILS:

Tax Parcel(s): 606 069 Size (sq.ft. or acres): 7.78 acres
Property Location: 4290 Long Ferry Road
Current Land Use: Commercial Storage
Date Acquired: 12/31/2014 Deed Reference: Book 1340 Page 661

REQUEST DETAILS:

Existing Zoning District CBI-CD Requested Zoning District CBI-CD

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

2 additional metal storage buildings and gravel parking area. See site plan.

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), Steinman Storage LLC, 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): [Signature]

Date: 10/26/20

Name of Applicant / Agent: Bryce Evans

Address: 129 Brandon Drive

Phone Number: 704-640-1833

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 North Carolina COUNTY OF Rowan

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

My commission expires 4-3, 20 21.

SEAL

JULIE GLOVER HLAVACEK
NOTARY PUBLIC
ROWAN COUNTY
STATE OF NORTH CAROLINA
MY COMMISSION EXPIRES 04/03/2021

OFFICIAL USE ONLY

1. Signature of Rezoning Coordinator: [Signature] 2. Planning Board
Courtesy Hearing: 11/23/20 3. Notifications Mailed: 11/9/20 4. Property Posted:
11/10/20 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: _____ / _____ / _____