



**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
Date Filed _____
Received By _____
Amount Paid _____

Office Use Only

REZONING APPLICATION

OWNERSHIP INFORMATION:

Name: Eric L Dixon Sr and Leona F. Dixon

Signature: Eric L Dixon Sr. Leona F. Dixon

Phone: 10/21/2020 11:07:00 PM EDT Email: 10/22/2020 1:27:07 AM EDT

PHONE (704) 880-7801
EMAIL: CSCLEAD@LIVE.COM

Address: 157 Erastus Lane Statesville, NC 28625

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

Name: Rowan Clearing Partners LLC

Signature: _____

Phone: 704-517-1809 Email: mitch@guptonlandclearing.com

Address: 675 Gupton Dr Salisbury, NC 28147

PROPERTY DETAILS:

Tax Parcel(s): 751 038 Size (sq.ft. or acres): 11.7 acres

Property Location: Hwy 70 Salisbury, NC

Current Land Use: Farm

Date Acquired: 12/8/2003 Deed Reference: Book 994 Page 984

REQUEST DETAILS:

Existing Zoning District RR Requested Zoning District CBI-CD

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

Offices / Shop / Equipment Storage Land Clearing Business
SIC 1629

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), Leona Dixon and Eric Dixon Sr., 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): Leona F. Dixon Eric L Dixon Sr.

Date: 10/02/2020 10/2/2020 11:27:23 PM EDT 10/3/2020 4:52:14 AM EDT

Name of Applicant / Agent: Ramon Clearing Partners LLC / Andrew Taylor

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: _____
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: _____