



2(00)-116-19

Application for
Zoning Map Amendment

(Please type or print)

Applicant Name, Address, Telephone Number and email address: billstillerman@BRH.org

William B. Stillerman, President North Carolina Baptist Retirement Homes, Inc.
3700 Taylor Glen Lane, Concord NC 28027 Phone: 704-788-6510

Owner Name, Address, Telephone Number: _____

William B. Stillerman, President North Carolina Baptist Retirement Homes, Inc.
3700 Taylor Glen Lane, Concord NC 28027 Phone: 704-788-6510

Project Location/Address: 3700 Taylor Glen Lane, Concord NC 28027

P.I.N.: ~~5509-18-0045 (P/O)~~ 5509-09-5299, 5509-06-0817, and 5509-18-0045

Area of Subject Property (acres or square feet): 120.08 +/- Acres

Lot Width: 205' (varies) Lot Depth: 275' (varies)

Current Zoning Classification: O-I-CU Office-Institutional Conditional Use

Proposed Zoning Classification: same

Existing Land Use: Retirement Community

Future Land Use Designation: same

Surrounding Land Use: North RV South RM- 2
East RV West RL

Reason for request: Zoning Map Amendment for the addition of fencing and minor site improvements.

Has a pre-application meeting been held with a staff member? Yes, via email

Staff member signature: _____ Date: _____

THIS PAGE APPLICABLE TO CONDITIONAL DISTRICT REQUESTS ONLY

(Please type or print)

1. List the Use(s) Proposed in the Project:

Continuing Care Community
 Office
 Institutional

2. List the Condition(s) you are offering as part of this project. Be specific with each description.
 (You may attach other sheets of paper as needed to supplement the information):

N/A

I make this request for Conditional district zoning voluntarily. The uses and conditions described above are offered of my own free will. I understand and acknowledge that if the property in question is rezoned as requested to a Conditional District the property will be perpetually bound to the use(s) specifically authorized and subject to such conditions as are imposed, unless subsequently amended as provided under the City of Concord Development Ordinance (CDO). All affected property owners (or agents) must sign the application.

[Signature] 6/22/19
 Signature of Applicant Date

[Signature] 6/22/19
 Signature of Owner(s) Date

Certification

I hereby acknowledge and say that the information contained herein and herewith is true, and that this application shall not be scheduled for official consideration until all of the required contents are submitted in proper form to the City of Concord Development Services Department.

Date: 6/20/19

Applicant Signature: Wm. B. Williams

Property Owner or Agent of the Property Owner Signature:
Wm. B. Williams