

(Please type or print)

Applicant Name, Address, Telephone Number and email address: _____
Longbranch Development c/o Brett Basnight, 122 Magnolia St, Spartanburg, SC 29306;
704-724-7019; bbasnight@longbranchdevelopment.com
Morrison Ridge, L.P. c/o Bailey W. Patrick, MPV Properties LLC, 2400 S. Boulevard, Suite 300,
Charlotte, NC 28203; 704-248-2102; bpatrick@mpvre.com

Owner Name, Address, Telephone Number: Morrison Ridge LP - A DE LP C/O Aston Properties, Inc.
610 E Morehead Street, Suite 100, Charlotte, NC 28202

Project Location/Address: 1852 NC HWY 49 S, Concord, NC 28027

P.I.N.: 55281424450000

Area of Subject Property (acres or square feet): ±113.66 acres

Lot Width: ±2,830 feet Lot Depth: ±2,500 feet

Current Zoning Classification: C2-CU

Proposed Zoning Classification: PUD

Existing Land Use: Vacant

Future Land Use Designation: Mixed use - Commercial, Multi-family, Residential

Surrounding Land Use: North Railroad and Vacant South Industrial
East Railroad West Residential, Vacant, and Storage

Reason for request: To allow for residential and multi-family land use in addition to commercial use.

Has a pre-application meeting been held with a staff member? DRC Meeting 7/22/2021

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:

- Commercial _____
- Multifamily - Apartments _____
- Residential - Townhomes _____
- _____
- _____
- _____

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):

Conditions are listed on the submitted rezoning plan.

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 of Applicant Date

Baigert Patrick *8/16/21*
 Signature of Applicant Date

Baigert Patrick *8/16/21*
 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: 8/16/21

Applicant Signature: _____

Applicant Signature: [Handwritten Signature]

Property Owner or Agent of the Property Owner Signature:

[Handwritten Signature]

THIS PAGE APPLICABLE TO CONDITIONAL DISTRICT REQUESTS ONLY

(Please type or print)

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

- Commercial
- Multifamily - Apartments
- Residential - Townhomes

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):

Conditions are listed on the submitted rezoning plan.

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.

Bl Beasly 8/13/2021
 Signature of Applicant Date

 Signature of Owner(s) Date

 Signature of Applicant 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: _____

Applicant Signature: Bl. Basmyt

Applicant Signature: _____

Property Owner or Agent of the Property Owner Signature:
