



# P17-14F Map Amendment Application Form

433 Hay Street, Fayetteville, North Carolina 28301

910-433-1612 Fax # 910-433-1776

Submittal Date: 5-9-17 Approval/Denial Date: \_\_\_\_\_

Fee: \$700.00 Received By: Karen Estep

### Notes:

1. A pre-application conference is mandatory prior to submission of an application for a map amendment.
2. Map amendment applications proposing re-classification from a Conservation (CD) zoning district to MR-5, OI, NC, LC, CC, MU, DT, LI, or HI require neighborhood meetings to be conducted prior to application submittal.
3. A map amendment application should be consistent with the comprehensive plan.
4. The City Council may not apply conditions of approval to a map amendment application.
5. All allowed uses within a proposed zoning district must be considered when considering a map amendment application, not just the particular use that the applicant is desiring to place on the property.
6. Applications seeking to "single out" a lot or site and applying for an exceptional zoning district designation may constitute illegal "spot zoning".

### 1. General Project Information

Project Address:	<u>1455 Bingham Drive</u>		
Tax Parcel Identification Number:	<u>0406 - 54 - 1854</u>		
Project Name:	<u>Saint George Medical Center <del>west</del></u>		
Current Zoning District:	<u>FS 10</u>	Proposed Zoning District:	<u>O and T</u>
Does an overlay district apply to this site?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If so, which one(s)? _____
Has the land been the subject of a map amendment application in the last five years?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	When? _____ Case #? _____
Amount of land to be rezoned (in acres):	<u>7.61</u>	Is this application related to an annexation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing/proposed water service:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Existing/proposed sewer service:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private

A) Please describe all existing uses of the land and existing structures on the site, if any (attach additional sheets if necessary).

N/A

B) Please describe the zoning district designation and existing uses of lands adjacent to and across the street from the subject site.

FS 10

H) State the extent to which the proposed amendment results in the creation of an isolated zoning district unrelated to adjacent and surrounding zoning districts.

ReZoning From Residential to Medical  
FS10 to Q and I and office's

I) State the extent to which the proposed amendment results in significant adverse impacts on the property values of surrounding lands.

No impact

J) State the extent to which the proposed amendment results in significantly adverse impacts on the natural environment, including but not limited to water, air, noise, stormwater management, wildlife, vegetation, wetlands, and the natural functioning of the environment.

N/A

3. Submittal Requirement Checklist

(Submittals should include 2 copies of listed items, unless otherwise stated.)

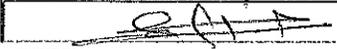
- Pre-application conference completed
- Map Amendment Application Form
- Copy of an approved Certificate of Appropriateness (COA) if located within the HLO
- Rezoning Application Fee
- Site Plan Application fee
- A copy of the recorded deed, or a written legal description if application is for a portion of a larger tract
- Scaled drawing showing all existing structures, site features, and setbacks
- Elevations required if rezoning involves new construction or changes to an existing building
- Transportation analysis, if required

4. Primary Contact Information

Primary Point of Contact Name: Tarek F Gayed / 28371

Mailing Address: 4462 Home stakes Dr parkton NC Fax No.: 910 920 4760

Phone No.: 804 615 5232 Email: Randa\_FZ@yahoo.com

Signature:  Date: 5-9-17

5. Property Owner Information (if different from the primary point of contact)

Property Owner Contact Name: Tarek F Gayed

Mailing Address: 4462 Home stakes Dr parkton NC 28371 Fax No.: 910 920 4760

Phone No.: 804 615 5232 Email: Randa\_FZ@yahoo.com

Property Owner or Authorized Signature:  Date Signed: 5-9-17