



TOWN OF CORNELIUS

Planning Department

PO Box 399 | Cornelius, NC 28031 | Phone: 704-896-2461 | Fax: 704-896-2462

LAND DEVELOPMENT APPLICATION FORM

Case #: _____

1. Application Type

Subdivision: Fee _____

Major Subdivision Plat _____

Sketch Plan/Plat _____

Preliminary Plat _____

Construction Documents _____

Minor Subdivision Plat _____

Rezoning:

Standard Rezoning _____

Conditional Zoning _____

Parallel Conditional District _____

Conditional District Amendment _____

Site Plan: Fee _____

Major Site Plan _____

Minor Site Plan _____

Conditional Use Permit _____

Conditional Use Amendment _____

Construction Documents _____

Vested Rights _____

Vested Rights Amendment _____

Uniform Sign Plan: _____

Text Amendment: _____

Other: _____ _____

Fee Total _____

2. Project Information

Date of Application: 4-29-16 Name of Project: BELLE ISLE Phase: _____

Location: 20627 N. Main St Property Size (acres): .5 # of Units (residential): _____

Current Zoning: NMX Proposed Zoning: NMX

Current Land Use: Res Proposed Land Use: Com

Tax Parcel Number(s): 00318234

3. Contact Information

OAKbrooke Inc

Applicant/Developer

Address: 10206 Victoria Blake Dr Cornelius NC 28031

City, State Zip

Telephone: 704-728-2654 Fax: _____ Email: OAKbrookeinc@gmail.com

Signature: [Signature] Print Name: John Gabriel Date: 4-29-14

BLUESTONE LAND MANAGEMENT, PLLC

Agent (Registered Engineer, Designer, Surveyor, etc.)

237 DRY DOCK LOOP

Address: MOORESVILLE, NC 28117

City, State Zip: 704 649 2863

Telephone: _____ Fax: _____ Signature: [Signature] Print Name: JONATHAN CARTER Date: 4/29/16

Email: _____

KIMBERLY + CHARLES DRIVER

Property Owner

710 ADDIE DRIVE

Address: IRON STATION, NC 28080

City, State Zip: 704-732-2507

Telephone: _____ Fax: CHARLES DRIVER Signature: [Signature] Print Name: KIMBERLY DRIVER Date: _____

Email: charlesdriver2@gmail.com 4/29/16

4. Description of Project

Briefly explain the nature of this request.

Removal of Existing Structure + Construction of New Structure to be used AS A Sabin (basement) + Shell Space Above.

Reasons for Conditional Use Permit (if applicable):

- _____
- _____
- _____
- _____

Note: *The review process will be delayed if the project submittal is not complete with the following:*

Signed "original" application – must include signatures of all project partners, applicants and property owners

Project Fee(s) – see fee schedule. Required fees may include application fee, and additional fees to prepare TIA based on scoping meeting

Digital files of all items (Application, survey, elevations, copy of site/sketch plan, floor plans, storm water concept plan, and preliminary landscaping plan

One (1) official hard copy of property survey and site/sketch plan drawn to scale by a professional engineer or landscape architect – survey shall include existing buildings, topography, wetlands, streams, vegetation, and other natural features. Site/Sketch plan shall include general locations of buildings, lots, streets, parking, proposed grading, landscaping and screening, open space, watershed/storm water calculations on plans (if applicable), associated storm water measures (if applicable), and general locations of proposed utilities and lighting

One (1) official hard copy of illustrative elevations & floor plans (exception: single-family residential projects) drawn to scale - drawn to scale for all buildings and on all sides, and all retaining walls, garden walls, fences, gazebo's, trellis's or other items over 4-feet tall, also include floor plans.

> PLEASE NOTE:
Once a complete application is submitted, the Planning Director shall determine the need for a Traffic Impact Analysis (TIA) in accordance with chapter 13 of the LDC. If a TIA is required, a scoping meeting will be held between the Town, applicant(s), and the Town's selected traffic consultant. A fee equal to an estimate of consultant fees submitted by the consultant for preparation of the TIA and any additional services incurred by the consultant shall be paid by the applicant in full to the Town before the Town can release the work to the consultant.

Office Use Only:

Received by: _____ Date: _____

Review Dates:

Pre-Development: _____ TIA Scoping Meeting: _____ TRC: _____ ARB: _____

Comm. Mtg (CZ's Only): _____ Planning Board: _____ Town Board: _____