APPLICATION FOR CHANGE IN ZONING CLASSIFICATION
OR CHANGE IN CONDITIONS
(SEE FILING INSTRUCTIONS)

TO: Town of Matthews Board of Commissioners
   Town of Matthews Planning Board
   232 Matthews Station Street
   Matthews, North Carolina 28105-6713

Ladies and Gentlemen:

Your consideration of this petition is requested for:

☑ A change in zoning classification of the property hereinafter described; or
☐ A change in conditions to an existing conditional zoning plan.

Tax parcel number(s): 193-051-18

Address of property: 9832 Idlewild Road, Matthews NC 28105

Location of property:

Title to the property was acquired on 8/01/2008
and was recorded in the name of The Dolores James Dusanenko Living Trust
whose mailing address is 9106 Skipaway Drive, Waxhaw NC 28173

The deed is recorded in Book 24015 and Page 68-70 in the office of the Register of
Deeds for Mecklenburg County.

Present zoning classification: R-15  
Requested zoning classification: R/I (CD)
List reason(s) why zoning should be changed (use separate sheet if necessary):

The Petitioner is seeking a rezoning, along with a text amendment, to accommodate a senior living facility in the R/I zoning district. The Matthews Land Use Plan specifically recognizes and encourages retirement communities as development opportunities along the Idlewild Road corridor where this site is located.

Signature of property owner (must be original)

The Dolores James Dusanenko Living Trust
Print name of property owner

Property owner’s mailing address
9106 Skipaway Drive

Property owner’s mailing address, continued
Waxhaw, NC 28173

Property owner’s mailing address, continued
djames4301@yahoo.com

Property owner’s phone number/email address

Signature of agent (if any)

Collin W. Brown
Print name of agent
1420 E. 7th Street, Suite 100
Agent’s mailing address
Charlotte, NC 28204
Agent’s mailing address, continued
Agent’s mailing address, continued
collin.brown@alexanderricks.com
Agent’s phone number/email address

Petitioner other than owner (if any)

Kevin Woodley
Print name of petitioner
7315 Wisconsin Avenue, Suite 925W
Petitioner’s mailing address
Bethesda, MD 20814
Petitioner’s mailing address, continued
Petitioner’s mailing address, continued
Kwoodley@buvermo.com
Petitioner’s phone number/email address
List reason(s) why zoning should be changed (use separate sheet if necessary):

The Petitioner is seeking a rezoning, along with a text amendment, to accommodate a senior living facility in the R/I zoning district. The Matthews Land Use Plan specifically recognizes and encourages retirement communities as development opportunities along the Idlewild Road corridor where this site is located.

_________________________
Signature of property owner (must be original)

_________________________
Print name of property owner

_________________________
Property owner’s mailing address

_________________________
Property owner’s mailing address, continued

_________________________
Property owner’s mailing address, continued

_________________________
Property owner’s phone number/email address

_________________________
Signature of agent (if any)

Collin W. Brown

_________________________
Print name of agent
1420 E. 7th Street, Suite 100

_________________________
Agent's mailing address
Charlotte, NC 28204

_________________________
Agent's mailing address, continued

_________________________
Agent's mailing address, continued

_________________________
collin.brown@alexanderricks.com

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Petitioner other than owner (if any)

Kevin Woodley

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Print name of petitioner
7315 Wisconsin Avenue, Suite 925W

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Petitioner’s mailing address
Bethesda, MD 20814

_________________________
Petitioner’s mailing address, continued

_________________________
Petitioner’s mailing address, continued

_________________________
Kwoodley@buvermo.com

_________________________
Petitioner’s phone number/email address
List all tax parcel numbers, names, and mailing addresses of all property owners subject to notification of this zoning application. Attach additional sheets if necessary.
See item #7 in instruction sheet titled “Instructions for Filing an Application for a Change in Zoning Classification or Change in Conditions for Property located in the Town of Matthews.”

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SUMMARY OF THE REZONING PROCESS

APPLICANT: Fill in dates for each action below before filing application. Refer to the current Planning Department rezoning schedule for correct dates.

PROPERTY OWNERS: These dates are assumed to be correct at the time of zoning application submittal but are subject to revision. Contact the Planning Department (704-847-4411 or email srobertson@matthewsnc.gov) for verification.

Application submitted to and received by Town Planning office ____________________________

Town Board of Commissioners formally accepts application and sets Public Hearing date ____________________________

Notices sent via mail to affected/adjacent property owners on or before ____________________________

Public hearing: applicant gives explanation of why s/he wishes to have property rezoned and neighboring owners may ask questions and voice opinions on the proposed zoning ____________________________

Town Planning Board reviews request, information, and comments from the public hearing, then makes a recommendation to the Board of Commissioners on whether to approve or deny the request ____________________________

Town Board of Commissioners approves or denies application ____________________________

The Matthews Board of Commissioners General Procedures Policy on Zoning and Development Case Appearances Before the Town Board, initially adopted October 8, 2018, explains the Board of Commissioners’ expectations that this application is ready for public review and action, and that the above schedule can be followed without delays. By signing below, the property owner(s) and all other parties involved in preparing and presenting this zoning application indicate they have read and understand their responsibility to submit complete and accurate documents in a timely manner throughout the review process. Late or missing (new or revised) documents may limit the applicants opportunity to present updated information, which may result in an unfavorable decision.

Signature of __ Property Owner
     ___ Agent for Property Owner
     ___ Other (please identify)
     Date ____________________________

Signature of __ Property Owner
     ___ Agent for Property Owner
     ___ Other (please identify)
     Date ____________________________

Signature of __ Property Owner
     ___ Agent for Property Owner
     ___ Other (please identify)
     Date ____________________________