



**CITY OF JACKSON, MS**  
**Application for Zoning Action**  
**Application Must Be Signed By Owner of Property**

FOR OFFICE USE ONLY  
**RECEIVED**  
JUN 04 2024  
City of Jackson  
City Planning Administration  
**CASE NO.:** 4257  
**Ward #:** 3

**I. Please choose one or more of the following Zoning Action Requests:**

     Rezoning From      To      ||      Use Permit ||  Special Exception ||      Variance(s)

**II. Subject Property Address:** 301 Sewanee Dr.

**Jackson, MS 39209**

*(Street number and name or description of location if property is a vacant lot)*

**Current Zoning for property:** R-1A

**Tax Parcel Numbers:** 119-105-1

**III. Size of Property:** Lot Frontage 80 feet  
Lot Depth 80 feet  
Square footage/Acres 7,840.8 sq ft  
Improved or Unimproved? Unimproved  
If improved, number of existing buildings? 1  
**Use of buildings:** Residential Commercial Industrial

**IV. Purpose for requested Zoning Action:** *(Brief Description)*  
To Provide Shelter and Care for my furry family

**V. Are there any City Code Violations on this property?** Yes  
*If yes, please give details and dates of violations:*

Too Many Dogs (5)

**VI. Are there any Restrictive Covenants?** No *If yes, please attach copies of Covenants.*

**VII. Has there been any Zoning Action filed on this property in the past?** No  
*If yes, please attach copies of agency findings and decisions.*

**APPLICATION MUST BE FILED ON OR BEFORE 12:00PM ON THE DEADLINE DATE** to be included on the next month's Planning Board Meeting Agenda. Planning Board Meetings are held on the fourth (4th) Wednesday of the month at 1:30pm in the Andrew Jackson Conference Room, Warren A. Hood Building located at 200 S. President Street. November and December Planning Board Meetings will be held the third (3<sup>rd</sup>) Wednesday due to the holidays. Please review the enclosed schedule to confirm exact dates before sending out notification letters.

**DECLARATION:**

By signing this application, it is understood and agreed that permission is hereby given the duly authorized representative of the City of Jackson to make an investigation of the need for the Zoning Action Request, place signs on the subject property and verify authenticity of the applicant(s) and property owner(s). It is further understood that the Zoning Administrator and staff may inspect the subject property, make photographs and obtain any verifications and data necessary for preparation of its report to the Planning Board and City Council.

The above information is true, and complete to the best of my knowledge.

Tracy F. Willis  
Applicant's Signature

Shirley M. Lewis  
Property Owner's Signature

**WITNESS THE SIGNATURE(S) of the owner(s) of the subject property located at**

301 Seaman Dr Jackson, Mississippi

On this the 1 day of May, 2024.

**STATE OF MISSISSIPPI  
COUNTY OF HINDS**

**Personally came and appeared before me, the within named:**

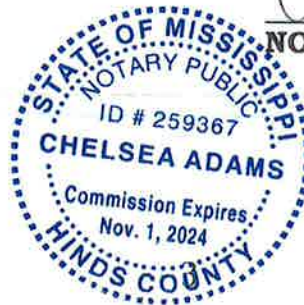
Tracy Willis

who signed and delivered the above and foregoing instrument as and for their free act and deed on the day and year therein mentioned, and who acknowledged to me that they are the owner(s) of the subject property as described in this Zoning Action Application.

**GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE,** this the 1<sup>st</sup> day of May, 2024.

Chelsea Adams  
NOTARY PUBLIC

**MY COMMISSION EXPIRES:**  
November 1, 2024



Statement of Intent

5-9-24

Dear Sir or Madame

I'm requesting a special Exception for a KENNEL ON MY PROPERTY, To house my three outside dogs, Each dog have there own dog house with Fresh Water and Food. I take good care of my dog family, They are all patient at the Jackson Animal Clinic So I ask you to please continue to keep my dogs on my property.

Tracey T. Willis  
Tracey T. Willis



**CITY OF JACKSON, MS**  
**Application for Zoning Action**  
*Application Must Be Signed By Owner of Property*

**FOR OFFICE USE ONLY**  
**RECEIVED**  
 MAY 31 2024  
 City of Jackson  
 City Planning Administration  
**CASE NO.:** 4258  
**Ward #:** 1

**I. Please choose one or more of the following Zoning Action Requests:**

     Rezoning From      To      ||  Use Permit ||      Special Exception ||      Variance(s)

**II. Subject Property Address:** 2625-2639 Ridgewood Rd.

*(Street number and name or description of location if property is a vacant lot)*

**Current Zoning for property:** C-2

**Tax Parcel Number:** 542 - 230

**III. Size of Property:**

Lot Frontage 349.41 feet  
 Lot Depth 133.87 feet  
 Square footage/Acres 0.65 acres  
 Improved or Unimproved? improved  
 If improved, number of existing buildings? 2  
**Use of buildings:** Residential  **Commercial**  Industrial

**IV. Purpose for requested Zoning Action:** *(Brief Description)*

Use permit for parcel 542-230 to allow some or all of the two (2) existing office buildings on the property to be redeveloped into multifamily apartments of up to twenty (20) units

**V. Are there any City Code Violations on this property?** no

*If yes, please give details and dates of violations:*

**VI. Are there any Restrictive Covenants?** no *If yes, please attach copies of Covenants.*

**VII. Has there been any Zoning Action filed on this property in the past?** no  
*If yes, please attach copies of agency findings and decisions.*

**APPLICATION MUST BE FILED ON OR BEFORE 12:00PM ON THE DEADLINE DATE** to be included on the next month's Planning Board Meeting Agenda. Planning Board Meetings are held on the fourth (4th) Wednesday of the month at 1:30pm in the Andrew Jackson Conference Room, Warren A. Hood Building located at 200 S. President Street. November and December Planning Board Meetings will be held the third (3<sup>rd</sup>) Wednesday due to the holidays. Please review the enclosed schedule to confirm exact dates before sending out notification letters.

**DECLARATION:**

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The above information is true, and complete to the best of my knowledge.

Justin G. Peterson  
Applicant's Signature

Justin G. Peterson  
Property Owner's Signature

**WITNESS THE SIGNATURE(S) of the owner(s) of the subject property located at**

2625-2639 Ridgewood Rd. Jackson, Mississippi

On this the 30th day of May, 2024

**STATE OF MISSISSIPPI  
COUNTY OF HINDS**

**Personally came and appeared before me, the within named:**

Justin Peterson

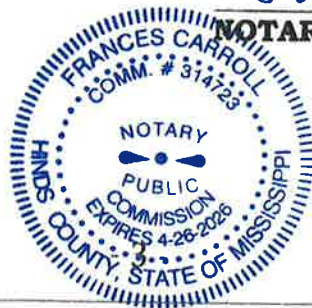
who signed and delivered the above and foregoing instrument as and for their free act and deed on the day and year therein mentioned, and who acknowledged to me that they are the owner(s) of the subject property as described in this Zoning Action Application.

**GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE,** this the 30th day of May, 2024

Frances Carroll

**MY COMMISSION EXPIRES:**

4/26/2026



**NOTARY PUBLIC**

May 30, 2024

**VIA HAND DELIVERY**

Ms. Ester L. Ainsworth  
Zoning Administrator  
City of Jackson  
200 S. President St. Room 204  
Jackson, MS 39205-0017

**Re: Use Permit Request –Tax Parcel 542-230– Statement of Intent**

To Whom It May Concern:

Please accept this letter as applicant Capitol Magnolia, L.L.C.'s statement of intent for its requested rezoning of a  $\pm 0.65$  acre parcel of land designated tax parcel 542-230 (said  $\pm 0.65$  acres, the "Subject Property"). The Subject Property is depicted on the siteplan attached hereto as Exhibit "A." A legal description of the Subject Property is attached hereto as Exhibit "B."

I am President of StateStreet Group ("SSG"), a real estate developer based in downtown Jackson. I am also Manager of the applicant, Capitol Magnolia, L.L.C., which is an affiliate of SSG. Capitol Magnolia, L.L.C. owns the two (2) office buildings located upon the Subject Property with mailing addresses of 2625-2639 Ridgewood Road.

The Subject Property is currently zoned C-2 (Limited Commercial).

Pursuant to section 702.04.1(a).4, Applicant hereby requests a use permit for parcel 542-230 to allow some or all of the two (2) existing office buildings on the property to be redeveloped into multifamily apartments of up to twenty (20) units. Applicant has determined high-quality apartments to be an appropriate use that is consistent with the current character of the area and meets a market need, and such a use is consistent with all factors set forth in 1701.02-A.

For the above reasons, and as will be further demonstrated at the hearing of this matter, Capitol Magnolia's request for a use permit should be granted.

Thank you in advance for your consideration of this matter.

Sincerely,



Justin J. Peterson  
President, StateStreet Group, L.L.C.  
Manager, Capitol Magnolia, L.L.C.



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**Application for Zoning Action**  
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FOR OFFICE USE ONLY  
**RECEIVED**  
 JUN 04 2024  
 City of Jackson  
 City Planning Administration  
 CASE NO.: 4259  
 Ward #: 4

**I. Please choose one or more of the following Zoning Action Requests:**

     Rezoning From      To      ||  Use Permit ||      Special Exception ||      Variance(s)

**II. Subject Property Address:** 4886 Hwy 18 W, Jackson, MS 39209

*(Street number and name or description of location if property is a vacant lot)*

**Current Zoning for property:** C-3

**Tax Parcel Number:** -88- -230- -5452

831-161

**III. Size of Property:**

Lot Frontage 328.76 feet

Lot Depth 141.64 feet

Square footage/Acres 1.9 acres

Improved or Unimproved? Unimproved

If improved, number of existing buildings? 1

**Use of buildings:** Residential  Commercial  Industrial

**IV. Purpose for requested Zoning Action: (Brief Description)**

Renewing the license to sell nicotine-free electronic cigarettes, the other type contains 5% nicotine

**V. Are there any City Code Violations on this property?** NO

*If yes, please give details and dates of violations:*

**VI. Are there any Restrictive Covenants?** NO *If yes, please attach copies of Covenants.*

**VII. Has there been any Zoning Action filed on this property in the past?** NO

*If yes, please attach copies of agency findings and decisions.*



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The above information is true, and complete to the best of my knowledge.

*Norshemah Solomon*  
Applicant's Signature

*Rebecca Naylor*  
Property Owner's Signature

**WITNESS THE SIGNATURE(S) of the owner(s) of the subject property located at**

4886 Hwy 18 W Jackson, Mississippi

On this the 28 day of May, 2024.

STATE OF MISSISSIPPI Georgia  
COUNTY OF HINDS Cherokee

**Personally came and appeared before me, the within named:**

\_\_\_\_\_  
who signed and delivered the above and foregoing instrument as and for their free act and deed on the day and year therein mentioned, and who acknowledged to me that they are the owner(s) of the subject property as described in this Zoning Action Application.

**GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, this the** \_\_\_\_\_ **day of**

5/28, 2024.

**MY COMMISSION EXPIRES:**

10/23/2024



*Deanna Cook*  
NOTARY PUBLIC

## STATEMENT OF INTENT

Jackson Tobacco & Vape, Inc  
4886 Hwy 18 W., Jackson, MS 39209  
[jacksontobaccoandvape@gmail.com](mailto:jacksontobaccoandvape@gmail.com)  
(662) 603-3575

To Whom It May Concern:

I am writing to you because I desire to continue operating a Tobacco & Vape store which I recently learned I need a Use Permit to do so. The electronic Cigarettes I want to continue to sell are 5% nicotine and some are nicotine-free. Thanks in advance for your support. It will continue to be operated properly and safely.



**CITY OF JACKSON, MS**  
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FOR OFFICE USE ONLY  
**RECEIVED**  
 JUN 07 2024  
 City of Jackson  
 City Planning Administration  
**CASE NO.:** 4260  
**Ward #:** 2

**I. Please choose one or more of the following Zoning Action Requests:**

\_\_\_ Rezoning From \_\_\_ To \_\_\_ ||  Use Permit || \_\_\_ Special Exception || \_\_\_ Variance(s)

**II. Subject Property Address:** 707-107 Rond

*(Street number and name or description of location if property is a vacant lot)*

**Current Zoning for property:** R-2

**Tax Parcel Number:** 707 - 107 -

**III. Size of Property:**

Lot Frontage 70 feet  
 Lot Depth 231 feet  
 Square footage/Acres 0.35 acres  
 Improved or Unimproved? Unimproved  
 If improved, number of existing buildings? \_\_\_  
**Use of buildings:** Residential Commercial Industrial

**IV. Purpose for requested Zoning Action:** *(Brief Description)*

Placement of a manufactured home on my property.

**V. Are there any City Code Violations on this property?** no

*If yes, please give details and dates of violations:*

**VI. Are there any Restrictive Covenants?** NO *If yes, please attach copies of Covenants.*

**VII. Has there been any Zoning Action filed on this property in the past?** NO

*If yes, please attach copies of agency findings and decisions.*

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The above information is true, and complete to the best of my knowledge.

DeAngelo Barrett  
Applicant's Signature

DeAngelo Barrett  
Property Owner's Signature

**WITNESS THE SIGNATURE(S) of the owner(s) of the subject property located at**

707-107 Rand, St. Jackson, Mississippi

On this the 5<sup>th</sup> day of June, 20 24.

**STATE OF MISSISSIPPI  
COUNTY OF HINDS**

**Personally came and appeared before me, the within named:**

DeAngelo Barrett

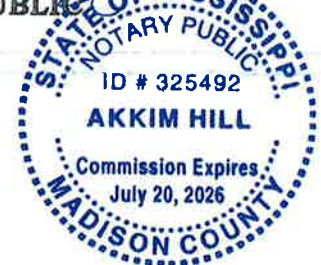
who signed and delivered the above and foregoing instrument as and for their free act and deed on the day and year therein mentioned, and who acknowledged to me that they are the owner(s) of the subject property as described in this Zoning Action Application.

**GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE,** this the 5<sup>th</sup> day of June, 20 24.

**MY COMMISSION EXPIRES:**

July 20, 2026

Akkim Hill  
NOTARY PUBLIC



My name is DeAngelo Barrett  
I am applying for a permit  
to place a manufactured home on  
parcel 707-107 Rand St. Gtn. MS. 39213  
with intentions of this becoming my  
family primary residence.