

These are the cases for the September 27, 2023
Planning Board Meeting @ 1:30 - 3 Cases
(4223-4225).



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

FOR OFFICE USE ONLY
RECEIVED
JUL 28 2023
City of Jackson
City Planning Administration
CASE NO.: 4223
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: 572 East Beasley Rd, Jackson
MS, 39206

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

Current Zoning for property: C3 - General Commercial

Tax Parcel Number: 709 - 361 - 8

III. Size of Property:

Lot Frontage 227.51 ft feet
Lot Depth 345 feet
Square footage/Acres 2.06 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)*

Change in Brand Name.

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 (3rd) 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.

Dilip Patel

Applicant's Signature

Property Owner's Signature

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

572 E Beasley Rd.

Jackson, Mississippi

On this the *17th* day of *July*, 20*23*.

**STATE OF MISSISSIPPI
COUNTY OF HINDS**

Personally came and appeared before me, the within named:

Nichalkumar S Patel

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.

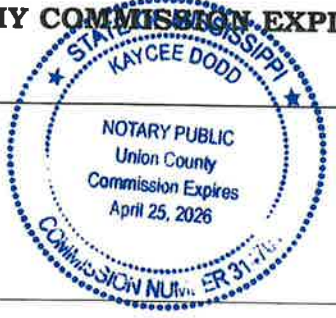
GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, this the *17th* **day of**

July, 20*23*.

Kaycee Dodd

NOTARY PUBLIC

MY COMMISSION EXPIRES:



STATEMENT OF INTENT

Beasley Hotel LLC
572 East Beasley Rd
Jackson, MS 39206

Dear Recipient,

We have filed an application for a Use Permit for 572 East Beasley Rd. Jackson, MS 39206. It is currently operated as Extended Stay America and wanted to inform you about our plan to rebrand it as Suburban Studio by Choice Hotel. We are only changing the brand name and ownership. Everything else stays the same. If you have any questions or concerns, feel free to reach out to us via Phone 225-276-6713 or email us at brian@valuehospitality.org.

Sincerely,

Brian P
Managing Member



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

FOR OFFICE USE ONLY
RECEIVED
 JUL 28 2023
 City of Jackson
 City Planning Administration
CASE NO.: 4224
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: 0 Forest Glen Dr.

JACKSON, MS 39213

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

Current Zoning for property: _____

Tax Parcel Number: 721 - 10 - 5

III. Size of Property:

Lot Frontage _____ feet
 Lot Depth _____ feet
 Square footage/Acres 9.5 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)*

Use permit to place a single family residential
manufactured home on land.

V. Are there any City Code Violations on this property? NONE TO OWNER'S KNOWLEDGE.
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 (3rd) 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.

[Signature]
Applicant's Signature

[Signature]
Property Owner's Signature

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

0 Forest Glen Drive Jackson, Mississippi

On this the 21st day of July, 20 23.

**STATE OF MISSISSIPPI
COUNTY OF HINDS**

Personally came and appeared before me, the within named:

Bria Martin

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 21st day of July, 20 23.

MY COMMISSION EXPIRES:

3/10/26

[Signature]
NOTARY PUBLIC



June 21, 2023

To Whom It May Concern,

Please accept this as the formal Letter of Intent for land parcel #721-10-5 in Jackson, MS.

I, Bria Martin, being the owner of this property do intend to use the land to place a single-family manufactured home in which to live. The initial estimated acreage for this dwelling (including landscaping, a dedicated front yard and parking) is 2 acres, the other 7.5 acres will remain as is until decided by owner.

This property is nestled in an already established neighborhood of single-family dwellings. Due to the property's location, I will accommodate easy access to the home (as well as to ease the flow of traffic) by including a turn-around driveway/access.

If there are any questions or concerns, please contact: Bria Martin, 601-951-8793.

Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Bria Martin". The signature is written in a cursive, flowing style.

Bria Martin, Landowner and Applicant



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

FOR OFFICE USE ONLY
RECEIVED
 AUG 03 2023
 City of Jackson
 City Planning Administration
CASE NO.: 4225
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: 526 Eden Downs Rd
JACKSON, MS 39209

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

Current Zoning for property: Residential

Tax Parcel Number: 844-170, 844-170-2

III. Size of Property:

Lot Frontage _____ feet
 Lot Depth _____ feet
 Square footage/Acres 14.9 ACRES
 Improved or Unimproved? Improved
 If improved, number of existing buildings? 7
Use of buildings: Residential Commercial Industrial

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

to Be able to continue keeping houses on the property
As has been done for more than 50 years

V. Are there any City Code Violations on this property? _____

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 (3rd) 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.

Ernest M. King, Jr.
Applicant's Signature

Ernest M. King, Jr.
Property Owner's Signature

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

_____ **Jackson, Mississippi**

On this the _____ day of _____, 20_____.

**STATE OF MISSISSIPPI
COUNTY OF HINDS**

Personally came and appeared before me, the within named:

Ernest M. King, Jr.

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.

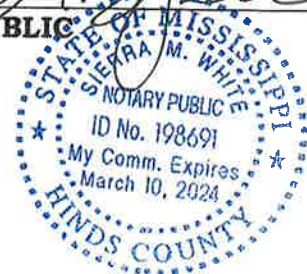
GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, this the 7th day of

July, 2023.

MY COMMISSION EXPIRES:

March 10, 2024

Sierra M. White
NOTARY PUBLIC



STATEMENT OF INTENT

For more than 50 years this property has been used as a privately-owned horse facility. There are no plans to deviate from this use. Recently, I was informed that the *Grandfather Clause*, which had been in effect since the property was annexed by the City of Jackson, was no longer valid. This zoning Special Exemption request is being made in order to comply with the zoning requirements.

VIII. APPLICANT'S INFORMATION:

Name: Ernest M King Jr

Mailing Address: 526 Eden Downs Rd

City: JACKSON State: MS Zip: 39209

Contact Phone: 601-278-8751 Fax: NA

Email: cowtownranch67@gmail.com

IX. APPLICANT WILL BE REPRESENTED BY: Same as above

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Fax: _____

Email: _____

X. CURRENT PROPERTY OWNER(S) Same as above

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Email: _____ Fax: _____

XI. APPLICATION FEE SCHEDULE: *Application fees are non-refundable after public hearing.

<u> </u> Rezoning/Use Permit/PUD	\$501 for first five (5) acres, plus \$30 for each additional acre
<input checked="" type="checkbox"/> Special Exception	\$301 with a \$150 annual renewal fee (subject to City Council approval)
<u> </u> Variance(s)	\$301 plus \$100 for each additional Variance request
<u>\$301</u> TOTAL to be included with application	

VIII. APPLICANT'S INFORMATION:

Name: Bria LYLES / ALVIN LYLES

Mailing Address: 2030 BELVEDERE DR.

City: JACKSON State: MS Zip: 39204

Contact Phone: 601-951-8793 Fax: _____

Email: brialatyse@yahoo.com

IX. APPLICANT WILL BE REPRESENTED BY: Same as above

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Fax: _____

Email: _____

X. CURRENT PROPERTY OWNER(S) Same as above

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Email: _____ Fax: _____

XI. APPLICATION FEE SCHEDULE: **Application fees are non-refundable after public hearing.*

Rezoning/Use Permit/PUD **\$501** for first five (5) acres, plus \$30 for each additional acre

_____ **Special Exception** **\$301** with a **\$150 annual renewal fee** (subject to City Council approval)

_____ **Variance(s)** **\$301** plus \$100 for each additional Variance request

_____ **TOTAL to be included with application**

4223

VIII. APPLICANT'S INFORMATION:

Name: Vishal Kumar S. Patel

Mailing Address: 400 State Hwy 30 W,

City: New Albany State: MS Zip: 38652

Contact Phone: 225-276-6713 Fax: _____

Email: Brian @ Valuehospitality.org

IX. APPLICANT WILL BE REPRESENTED BY: Same as above

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Fax: _____

Email: _____

X. CURRENT PROPERTY OWNER(S) Same as above

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Phone: _____

Email: _____ Fax: _____

XI. APPLICATION FEE SCHEDULE: **Application fees are non-refundable after public hearing.*

- Rezoning/Use Permit/PUD** *\$501 for first five (5) acres, plus \$30 for each additional acre*
- Special Exception** *\$301 with a \$150 annual renewal fee (subject to City Council approval)*
- Variance(s)** *\$301 plus \$100 for each additional Variance request*
- \$501 TOTAL to be included with application**