

## Application for Zoning Action Application Must Be Signed By Owner of Property

FOR	OFFICE USE ONLY	1
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T. Com	FEB U Z 2024	St
	City of Jackson	
City	Planning Administration	

CASE NO.: 4248

Ward #: \_\_\_\_1

W	Suite 540  (Street number and name or description of location if property is a vacant lot)	
	Current Zoning for property:	
	Tax Parcel Number:	
III. Size of Pro	Lot Frontage	Industrial
To do a po	requested Zoning Action: (Brief Description)  remium cigar rotail shop and lounge for social and creating a great social environment.	
V. Are there an	ny City Code Violations on this property? Not that I know we details and dates of violations:	v of
V. Are there and If yes, please gives.  VI. Are there are there are the second	nd creating a great social environment,  ny City Code Violations on this property?  Not that I know	

#### **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 be	est of my knowledge.
Applicant's Signature	Property Owner's Signature
WITNESS THE SIGNATURE(S) of the owner(s) of the	ne subject property located at
1625 E. County Line Pld. Sulle 5	40 Jaluan, MS 39ZII
On this the 30 day of January	
STATE OF MISSISSIPPI COUNTY OF HINDS ROOK; ~	
Personally came and appeared before me, the with	hin named:
Kendrick Freeman	<u></u>
who signed and delivered the above and foregoing in	astrument as and for their free act and de

eed 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 OF	FICIAL SEAL OF OFFICE,	this the $30$ day of ,
January, 20,24.		I min Jobson
MY COMMISSION EXPIRES:	NOTARY	PUBLICATION HOS SOLLAR
03/27/2025		ID No. OZ. 119637 Com. Exp.
	÷ 3 ÷	103-27-2025 NOTARY PUBLICATION OF THE PUBLICATION O

#### DECLARATION:

The above information is true	e, and complete to the	he best of my kno	owledge.
Applicant's Signature		Property O	wner's Signature
WITNESS THE SIGNATURE(	S) of the owner(s)	of the subject pr	roperty located at
1625 E. Count	ty Line Road, Sui	te 540	_ Jackson, Mississippi
On this the 30 day of	January	20 24	•
STATE OF MISSISSIPPI COUNTY OF HINDS			
Personally came and appear	ed before me, the	within named:	
		paniel	letessile
	nentioned, and who	acknowledged to	and for their free act and deed o me that they are the owner(s tion.
GIVEN UNDER MY HAND AN	D OFFICIAL SEAL	OF OFFICE, this	s the $30^{-}$ day of
JANUARY , 20 24		Pin 6	al
MY COMMISSION EXPIRES: CRAIG E. FROSCH		NOTARY PU	BLIC
LA BAR NO. 19580			
MY COMMISSION IS FOR			

### **PURE SMOKE LLC**

1625 E County Line Rd Suite 540 Jackson, MS 39211

Dear Sir/Ma'am Hello,

Pure Smoke is happy to inform the community the we intend to bring a Premium Cigar experience to the Pear Orchard Village shopping center. We will sell name brand cigars and accessories with a great social environment.

Pure SmokeLLC



## Application for Zoning Action Application Must Be Signed By Owner of Property

FOR OFFICE USE ONLY	_
DECENYEM	
FEB U 2 2024	
City of Jackson	
City Planning Administration  CASE NO.: 4249	
Ward #:	

I. Please cho	pose one or more of the following Zoning Action Requests:
Rezoning F	From To   Use Permit   Special Exception   Variance
	operty Address: 846 North President Street Jun. Ms. 39202
	(Street number and name or description of location if property is a vacant lot)
	. The state of the
	Current Zoning for property:
	Tax Parcel Number:
III. Size of Pro	Lot Frontage
IV. Purpose for Event Ven	r requested Zoning Action: (Brief Description)
<b>/. Are there ar</b> f yes, please gi	ny City Code Violations on this property?
/I. Are there a	<b>ny Restrictive Covenants?</b> $\cancel{N0}$ If yes, please attach copies of Covenants.
<b>II. Has there 1</b> If yes, pleas	been any Zoning Action filed on this property in the past? No se attach copies of agency findings and decisions.

#### **DECLARATION:**

preparation of its report to the Planning Board	and City Council.
The above information is true, and complete to Kenneth Wm. Rows.  Applicant's Signature	
WITNESS THE SIGNATURE(S) of the owner(s)	
846 North President Street Jackson, On this the 29th day of January	<u>M). 39202</u> Jackson, Mississippi , 20
STATE OF MISSISSIPPI COUNTY OF HINDS	
Personally came and appeared before me, the	e within named:
who signed and delivered the above and foregoing on the day and year therein mentioned, and who of the subject property as described in this Zonia	ng instrument as and for their free act and deed to acknowledged to me that they are the owner(s) ng Action Application.
GIVEN UNDER MY HAND AND OFFICIAL SEAI	L OF OFFICE, this the 394 day of
January , 2024.	STATE OF MICH
MY COMMISSION EXPIRES:	NOTARY PUBLIC:
March 4, 2025	MARCH 4, 2025 MES

01-25-2024 Kenneth & Betty Rowan 846 North President Street Jackson, Ms. 39202

#### Statement of Intent:

We intend to operate an Event Venue at 846 North President Street Jackson, Ms. 39202. The Events we welcome at the Venue are Meetings, Lunches, Dinners, Parties: Birthday, Anniversary, Retirement etc. The property is gated in the rear so we do not have any foot traffic on the property. We are requiring the Renter / Host to have a greeter at the entrance to monitor the attendees. The greeter will be in place to make sure each person was invited to the event and enter and exit safely.

Kenneth Rowan 601-201-7128



# Application for Zoning Action Application Must Be Signed By Owner of Property

I	FOR OFFICE USE ONLY  REGELVED
	JAN 3 0 2024
	City of Jackson City Planning Administration
CA	<b>se no.</b> : <u>4250</u>
Wa	rd #:3

	oose one or more of the following Zoning Action Requests:	
Rezoning F	rom R1 To NMU    Use Permit    Special Exception	Variance(s
II. Subject Pro	operty Address: 4246 W Capitol St Jackson MS, 4240 W Capitol St Jackson MS	lackson MS,
	(Street number and name or description of location if property is a vacant lot)	<del></del>
	Current Zoning for property: Residential R1	
	Parcel 118-25 - 4234 West Capitol Street  Tax Parcel Number: Parcel 118-26 - 4240 West Capitol Street  Parcel 118-27 - 4246 West Capitol Street	
III. Size of Pro	Lot Depthfeet Square footage/Acres26,800 Sq Feet Improved or Unimproved? _Improved If improved, number of existing buildings?	Industrial
The pr <u>operties have be</u>	requested Zoning Action: (Brief Description) een un-kept for a long time and are beyond repair. autiful homes, and commercial opportunities that inspire growth in the	neighborhood
V. Are there any If yes, please giv	y City Code Violations on this property? no ve details and dates of violations:	
VII. Has there b	ry Restrictive Covenants? no If yes, please attach copies of Coupeen any Zoning Action filed on this property in the past? no see attach copies of agency findings and decisions.	venants.
The properties have be We aim to develop bea  V. Are there any If yes, please give  VI. Are there and  VII. Has there be	Improved or Unimproved? Improved  If improved, number of existing buildings?  Use of buildings: XResidential Commercial  requested Zoning Action: (Brief Description)  een un-kept for a long time and are beyond repair.  autiful homes, and commercial opportunities that inspire growth in the  y City Code Violations on this property? no  be details and dates of violations:  Type Action filed on this property in the past?  If yes, please attach copies of Couple any Zoning Action filed on this property in the past?	neighborhood

#### **DECLARATION:**

THE ABOVE IIII	ormation is true	and complete to	o the best of my kn	iowledge.	DocuSigned by:
Kassam Bh	9	Bhega	Kha	aeleel White	Ketypo
Applicant's S	ignature 📜	TEE9341DF3470	Property C	wner's Signat	7197CCB6B786469.
WITNESS TH	E SIGNATURE(S	s) of the owner(	s) of the subject p	roperty locate	ed at
		Capitol St, & 423		Jackson, M	
On this the	18th day of	January	, 2024		
STATE OF ME	mnessy for SSISSIPPI UNDS Willows	on.			
Personally car	me and appeare	d before me, th	e within named:		
Kassam Bhe					
on the day and	year inerein m	entioned, and w	oing instrument as ho acknowledged t ing Action Applica	o me that they tion.	are the owner(s)
GIVEN UNDER	MY HAND AND	OFFICIAL SEA	L OF OFFICE, thi	s the 18th 19	day of
January	, 20_24	CHANDLER	THOUSE .	1 11	1
MY COMMISSI	on expires:	STATE OF TENNESSE NOTARY PUBLIC	NOTARY PU	BLIC FOR	Diez
10-25-2-26		- COMMISSINGS	000 25 20 C		

#### STATEMENT OF INTENT

Dear City of Jackson Zoning Department,

I trust this letter finds you well. On behalf of 2K Developments LLC, we are excited to present our proposal for the rezoning and redevelopment of three adjacent properties into a cohesive, community-focused space. Our vision extends beyond simple property development; we aspire to revitalize and uplift the local community through our Tandem-Plex concept.

**Rezoning Proposal:** We seek your support in rezoning these three properties into a Neighborhood Mixed-Use (NMU1) designation. Our intention is to transform these un-kept properties, currently serving as eyesores, into a vibrant hub that offers both housing and business opportunities. Our approach is not just about generating income; our core values, investment strategy and entire business model is anchored in making a positive impact on the community we serve.

**Tandem-Plex Concept:** Our Tandem-Plex concept revolves around providing ownership and business opportunities in a safe, sustainable environment. Each parcel offers over 7500 square feet of buildable space, creating a foundation for a thriving community. Our focus is on inclusivity, serving families, professionals, entrepreneurs, and students alike.

**Sustainable Features:** We are committed to incorporating sustainable features in our development, including external water storage to address potential utility failures and shared utility hookups to reduce tenant costs. Additionally, we are exploring amenities such as solar power, energy reserves, smart home systems, and security systems for each property.

**Community Impact:** Our mission is to contribute to the economic and social fabric of the neighborhood. By redeveloping these properties, we aim to attract a network of like-minded individuals, fostering a sense of community and revitalizing an area that has been largely overlooked.

**Flexible Approach:** Understanding the importance of alignment with city regulations and needs, we are open to feedback and adjustments. Should NMU1 zoning not be the most suitable, we are prepared to develop the three units individually under R2 zoning.

We sincerely appreciate your consideration of our proposal and look forward to the opportunity to discuss how we can collaborate to create a positive impact on the local community. Please let us know how we can best align our vision with the city's objectives.

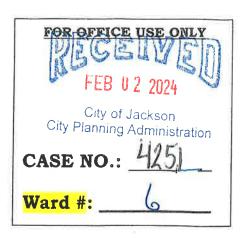
Thank you for your time and consideration.

Khaleel White 479-713-0820



### Application for Zoning Action

Application Must Be Signed By Owner of Property



-	ose one or more of the following Zoning Action Requests:	
	rom A To C A   Use Permit   Special Exception	Variance(s
II. Subject Pr	operty Address: 451 McOgwell Park Ciecle	
Socks	Street humber and name or description of location if property is a vacant lo	*)
	Current Zoning for property: 105	
	Tax Parcel Number: <u>(630</u> - <u>363</u> -	
III. Size of Pro	Lot Frontage feet Lot Depth feet Square footage/Acres feet Improved or Unimproved? If improved, number of existing buildings? Use of buildings: Residential Commercial	Industrial
IV. Purpose for	requested Zoning Action: (Brief Description)	
<b>V. Are there an</b> If yes, please gi	y City Code Violations on this property?  De details and dates of violations:	
VII. Has there b	ry Restrictive Covenants? // If yes, please attach copies of Covenants and decisions	

#### **DECLARATION:**

The above information is true, and complete to the best of my knowledge.  Applicant's Signature  Property Owner's Signature	aucture
WITNESS THE SIGNATURE(S) of the owner(s) of the subject property locat	ed at
On this the 1st day of 1eb , 20 24.	Aississippi
STATE OF MISSISSIPPI COUNTY OF HINDS	
Personally came and appeared before me, the within named:	
Kimberly Ann Course	
who signed and delivered the above and foregoing instrument as and for their on the day and year therein mentioned, and who acknowledged to me that the of the subject property as described in this Zoning Action Application.	free act and deed y are the owner(s)
GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, this the	_ day of
February, 2024.	ever
MY COMMISSION EXPIRES: NOTARY PUBLIC	
THOUND TO TO TO COMMISSION ENDINGS OF THE PROPERTY OF THE PROP	9
** COUNTY	

#### 11-9-2023

To whom this may concern, I Kimberly Ann Course have intention on rezoning my property at 451 Mcdowell Park Circle Jackson, Ms 39204 from residential daycare use to commercial daycare use. If anyone have any questions feel free to contact me @769-220-5223.



## Application for Zoning Action Application Must Be Signed By Owner of Property

FEB U 2 2024		
City of Jackson City Planning Administration		
CASE NO.: 4252 Ward #:5		

I. Please cho	ose one or more of the following Zoning Action Requests:
Rezoning Fr	om To   Use Permit
	perty Address: 4311 Me dean Ave Jackson, Ms 39209
(,	Street number and name or description of location if property is a vacant lot)
	Current Zoning for property: L-1
	Tax Parcel Number: 30 6 - 276 -
III. Size of Prop	Lot Frontage
To come into	requested Zoning Action: (Brief Description)  Compliance with the Zening Ordinance I own applying  nivere Kennel for no more than 3 dags
V. Are there any If ues, please give	e details and dates of violations:  hun for two many days, Committy have 3 days
VII. Has there be	y Restrictive Covenants? No If yes, please attach copies of Covenants.  een any Zoning Action filed on this property in the past?  e attach copies of agency findings and decisions.

#### **DECLARATION:**

The above information is true, and complete to	the best of my knowledge.		
Kontra mos	aln-Quer		
Applicant's Signature	Property Owner's Signature		
WITNESS THE SIGNATURE(S) of the owner(s)	of the subject property located at		
4311 McCain Ave 39209	Jackson, Mississippi		
On this the A8 day of January			
STATE OF MISSISSIPPI COUNTY OF HINDS			
Personally came and appeared before me, the	within named:		
John B. Avery			
	ng instrument as and for their free act and deed o acknowledged to me that they are the owner(s) ng Action Application.		
GIVEN UNDER MY HAND AND OFFICIAL SEAL OF OFFICE, this the 29 day of			
January, 20 24.			
MY COMMISSION EXPIRES: */	NOTARY PUBLIC		
PINC 27 2,025 MY COMMISSION EXPINES			
COUNTY			

#### Statement of Intent

I am applying for a Special Exception to operate a private kennel for 4311 McCain Ave. Jackson, MS 39209. I have 3 dogs that would be a part of this kennel. I will keep them safely enclosed and they will not be any trouble to the surrounding neighbors. I would appreciate your support.

Thanks,

Kendra Avery