

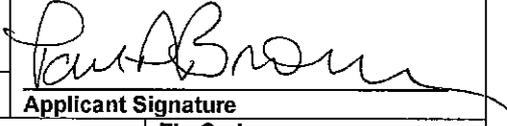
**Durham City/County Planning
Zoning Map Change Application**

Submittal Date: 4/11/2011	Case Number: Z1100011
Requested Zone(s): (include overlay) RU-5 (2)	Existing Zone(s): (include overlay) RU-M (D)
PIN(s): 0831-15-63-4510	Total Site Area: 2.499 AC
Street Address or Frontage: 107 S. DRIVER ST.	Jurisdiction: <input type="checkbox"/> County (check one) <input checked="" type="checkbox"/> City <input type="checkbox"/> City and County
Project Name: HISTORIC Y.E. SMITH SCHOOL	

Comprehensive Plan:
(Tier) URBAN (Land Use Designation) MEDIUM-HIGH DENSITY RES.

Summary of Proposed Development (types of uses, number and type of residential units, square footage in non-residential buildings, etc): THE PROPERTY IS A FORMER PUBLIC SCHOOL (CA. 1910) THAT WILL BE RE-FURBISHED FOR USE BY A SCHOOL, TOTTALLING APPROX. 45,000 SF.

Applicant

Contact Name AND Business Name if applicable: SELF-HELP VENTURES FUND			 Applicant Signature
Address: 301 W. MAIN ST.			
City: DURHAM	State: N.C.	Zip Code: 27701	
Phone: (919) 956-4475	Fax: (919) 956-4605	Email: PAUL.BROWN@SELF-HELP.ORG	

Agent (if any)

Contact Name AND Business Name if applicable: JASON GABLE, AIA BELK ARCHITECTURE			 Agent Signature
Address: 735 NINTH STREET			
City: DURHAM	State: N.C.	Zip Code: 27705	
Phone: (919) 286-2575	Fax: (919) 286-1906	Email: JASON@BELKARCHITECTURE.NET	

Property Owner(s) (Attach a separate sheet if more space is necessary)

Name: T.R.O.S.A., INCORPORATED; KAREN KELLEY			Phone: (919) 419-1059 x1205
Address: 1820 JAMES STREET			Fax: (919) 490-1930
City: DURHAM	State: N.C.	Zip Code: 27707	Email: WWW.TROSAINC.ORG

Name: N.A.			Phone:
Address:			Fax:
City:	State:	Zip Code:	Email:

Name: N.A.			Phone:
Address:			Fax:
City:	State:	Zip Code:	Email:

If submitting with a development plan items 6 – 10 apply:		
6. Development Plan Checklist	N . A .	N/A
7. 12 Sets of Full Size Plans	N . A .	
8. Legible Plan Reduction (11" X 17")	N . A .	
9. Stormwater Checklist, 2 copies or memo from City or County Stormwater Management	N . A .	
10. Traffic Impact Analysis, 3 copies -or- a memo from the City Transportation Division stating a TIA is not required.	N . A .	
If applicable:		
12. Copy of Annexation Request Transmittal (if applicable; it must be filed prior to the zoning map change submittal)	N . A .	N/A
13. Has a Land Use Plan Amendment been filed? If so, case # _____ (to be completed at time of submittal)	N . A .	
14. Neighborhood Meeting Materials (sign-up sheet from the meeting, summary of the issues raised, description of how the proposal addresses the issues, copy of meeting notification, list of those notified, copies of materials distributed)	N . A .	
For all applications:		
15. Filing Fee: \$	\$3,166.60	AW