

Zoning Map (Rezoning) Application


Town of Rolesville Planning Department | PO Box 250 | Rolesville, NC 27571 | 919-554-6517 | planning@rolesvillenc.gov

Planning Department Home Page: [Official Town Webpage](#)


Complete one form for each parcel identification number.

| APPLICATION INFORMATION: | |
|---|--|
| Site Address: 0 Main St, 201 S. Main St, 200 School St. | Site Area (in acres): 13.15 |
| Rezoning Type: <input type="checkbox"/> General <input checked="" type="checkbox"/> Conditional | Total area requested to be rezoned (in acres): 1.71 to GC 11.44 to RH |
| Voluntary Annexation Application Submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ANX- | Current Location: <input type="checkbox"/> County Limits <input checked="" type="checkbox"/> ETJ <input checked="" type="checkbox"/> Town Limits |
| Existing Zoning District: RL | Proposed Zoning District(s): GC & RH |
| PIN: 1758-99-8560, 1758-99-8909, 1759-90-9525 | Associated Previous Case(s): |
| Current Use(s): vacant | Proposed Use(s): Commercial & Residential |

| APPLICATION REQUIREMENTS: | |
|--|---|
| <input checked="" type="checkbox"/> Complete Application and checklist. | <input checked="" type="checkbox"/> Completed Property Owner's Consent Form – 1 per Owner- See page 5. |
| <input checked="" type="checkbox"/> If the request is for a <i>Conditional District</i> per LDO Section 3.3. The submittal shall include a separate document listing the written Conditions of Approval, which may consist of exhibits, plans, maps, and other relevant materials. Provide a Date and space for revision Dates; this document will always be referenced, including its Date. | <input checked="" type="checkbox"/> A Concept (nee site) Plan * may be submitted, considered, and approved as part of a <i>Conditional District</i> request; it shall be incorporated into a written condition for "general compliance" upon future Development Application reviews and approvals. Provide a Date and space for revision Dates. See the Next page for details. |
| <input checked="" type="checkbox"/> Traffic Impact Analysis (TIA), ITE Trip Generation Letter, or a Letter/Email from Planning staff confirming that a TIA is not required. (LDO Section 8.C.5) | <input type="checkbox"/> * The Activity Center (AC) and Neighborhood Commercial (NC) zoning districts require the submission of a Concept Plan (also known as a site plan) as per LDO Sections 3.4.1 and 3.4.2. |
| <input checked="" type="checkbox"/> Legal Metes & Bounds | <input checked="" type="checkbox"/> Deeds with Book of Map & Page Number |
| <input checked="" type="checkbox"/> Sketch/Pre-submittal meeting held on: 6/12/2025 | <input checked="" type="checkbox"/> Meeting Notes submitted |
| <input type="checkbox"/> <i>Application Fee: An invoice for the application fee will be issued during the completeness check or after the application review.</i> | |

| Financially Responsible Party (*REQUIRED: Who will pay invoices related to this application?) | |
|---|---|
| Name: Matthew Shuey | Company Name: Comm Dev LLC |
| Title: CEO | Signature:  |
| Mailing Address: 1340 Clifton Pond Road | City/State/Zip: Louisburg, NC 27549 |
| Phone: (919) 761-4331 | Email: Barbara@commandcs.com |

Property Owner (First name on Deed)

Name: Comm Dev LLC, Attn Matthew Shuey Signature: 

Address: 1340 Clifton Pond Rd, Louisburg, NC Email: Matt@commandcs.com

Property Owner (Second name on Deed or Spouse information required if applicable)

Name: _____ Signature: _____

Address: _____ Email: _____

Preferred Point of Contact: ☐ Owner ☐ Agent ☒ Applicant ☐ Architect ☐ Attorney ☐ Engineer

Please add contact information if applicable.

| | |
|---|--|
| Agent Name: <u>Peter Crossett</u> | Title/ Firm: <u>KDM Development</u> |
| Phone: <u>315-882-8440</u> | Email: <u>peterc@kdmdevelopment.com</u> |
| Applicant Name: <u>Courtney McQueen, PLA</u> | Title/ Firm: <u>Project Coordinator, Qunity</u> |
| Phone: <u>919-490-4990</u> | Email: <u>cmcqueen@qunity.com</u> |
| Architect Name: _____ | Title/ Firm: _____ |
| Phone: _____ | Email: _____ |
| Attorney Name: _____ | Title/ Firm: _____ |
| Phone: _____ | Email: _____ |
| Engineer Name: _____ | Title/ Firm: _____ |
| Phone: _____ | Email: _____ |
| Owner Name: _____ | Title/ Firm: _____ |
| Phone: _____ | Email: _____ |

Concept Plan Minimum Requirements (Required for AC or NC Districts, Optional for Conditional Districts):

- ☐ A vicinity map of the site, illustrating the boundaries of the site, the north arrow, and the scale reference
- ☐ Site Data Table: Typical Property Information (Property Legal Description, Acreage/Square Footage, etc.)
- ☐ * If Commercial, include the square footage of the proposed building, use, or development, the approximate proposed Impervious Coverage, approximate parking calculations, and if it is a multi-family development, the number of Dwelling units, etc.
- ☐ * If Residential - Number of proposed development lots (including by type of lot and use), density (proposed and permitted), and approximate parking calculations.
- ☐ * Calculations for open space are required and provided.
- ☐ Existing and Proposed Use and Zoning District of the property and adjacent properties
- ☐ A drawing depicting the details provided above as a general concept of the development, including such details as –
 - Residential - Lot layout and a “typical” lot size/dimension exhibit.
 - Non-res/multifamily - Proposed building layout and/or general footprint locations.
 - Vehicular circulation / street layout including existing/proposed right-of-way widths (public, alley, private);
 - Pedestrian circulation, including general greenways, side paths, and bike lane locations.
 - General Utility access and points of connection/extensions,
 - Buffer Spaces (street and perimeter), open communal spaces, stormwater control measures, etc.
- ☐ Name, address, and contact information for the property owner and/or Applicant
- ☐ Name/information of the professional who created the Concept Plan
- ☐ Any other information requested by the Planning Department staff

Rezoning Justification Statement – Complete the attached form

Provide a **separate document** titled “Statement of Justification” (including Date) that addresses each/all the following:

1. Is the application consistent with the Comprehensive Plan, Community Transportation Plan, Bicycle and Greenway Plans, and any other adopted Town policy plans?
2. Does the application conflict with any provision of the LDO or the Town Code of Ordinances?
3. Does the application correct any errors in the existing zoning present when it was adopted?
4. Does the rezoning allow uses compatible with existing and permitted uses on surrounding land/properties?
5. Would the application ensure efficient development within the Town, including the capacity and safety of the street network, public facilities, and other similar considerations?
6. Would the application result in a logical and orderly development pattern?
7. Would the application result in adverse impacts on water, air, noise, stormwater management, wildlife, vegetation, wetlands, and the natural functioning of the environment?
8. If a **Conditional district** providing proposed Conditions of Approval, do they address and mitigate the impacts reasonably expected to be generated by the development or use of the property, can they reasonably be implemented, and can they be enforced for the subject property, and will they result in no more significant impact on adjacent properties or the community at large than would be expected to occur by the permitted uses and the minimum development standards of the corresponding General zoning district.

Neighborhood Meeting- (Complete the attached form)

Per [LDO Section 2.2, Appendix A / 2.3.D., and 2.3.F Rezoning \(Zoning Map Amendment\)](#); and TA-23-01, all applicants **shall conduct a neighborhood meeting prior to any public hearing or review by the Planning Board and Board of Commissioners**. This meeting will enable the applicant to explain the proposed request and address the neighborhood's concerns. A summary of the meeting in the form of meeting notes or minutes, along with a list and contact information (as shown below) for all attendees and a list of property owners and Homeowners' Associations within 500 feet of the subject property as well as all property owners within 200 feet of any roadway improvements and/or utility improvements associated with an application (per Wake County tax records at the time of filing this application) as they are required to receive a Notification Letter regarding the Legislative Hearing before the Town Board of Commissioners (when scheduled).

Conditions of Approval – Provide a separate list of voluntary conditions proposed by the applicant to be signed upon presentation to the Town Board at the Legislative Hearing (if applicable).

Please visit the [Submittal Process webpage](#) for information on submission timing.

Submission Packet Document Review- Please be sure to include the following:

Required documents to be submitted with the Application

| | |
|---|--|
| <input type="checkbox"/> Complete Application | <input type="checkbox"/> Legal Metes and Bounds |
| <input type="checkbox"/> Concept Plan (if applicable) | <input type="checkbox"/> Property Owner Consent form(s) |
| <input type="checkbox"/> Conditional Zoning Proposed List (if applicable) | <input type="checkbox"/> Rezoning Boundary Survey with Total Area Requested and Zoning Districts labeled |
| <input type="checkbox"/> Deeds | <input type="checkbox"/> Rezoning Justification Statement |
| <input type="checkbox"/> Financial Responsible Party information | <input type="checkbox"/> Sketch Plan meeting notes (if applicable) |

Required documents for Planning Board and/or Town Board meeting

| | |
|---|---|
| <input type="checkbox"/> Neighborhood Meeting Information | <input type="checkbox"/> PowerPoint slides (or other digital media) to include in the Planning Board and Town Board Agenda Packets. |
| <input type="checkbox"/> Signed Proposed Conditions (for approval by the Town Board at Legislative Hearing) | |



Town of Rolesville Planning Department
Property Owner Consent & Authorization Form
planning@rolesvillenc.gov

Consent is required from the property owner(s) or legal representative. Unless otherwise specified, consent is valid for one year from the date of application.

Please provide a separate form for each parcel number. For properties with multiple owners, each owner must complete an individual form. (A husband and wife may both sign and submit one form.)

Project/ Subdivision Name: Scarboro Village
Site Address: 0 Main St
Parcel ID: 1759-90-9525 Deed Reference: BK 018825 PG297-301

Property Owner *This field is required.

1) Name: Comm Dev LLC, Attn Matthew Shuey
(Type or print clearly.)

Mailing Address: 1340 Clifton Pond Rd
Phone: 919-761-4331

Signature: 

City/State/Zip: Louisburg, NC 27549
Email: Matt@commandcs.com

2) Name: _____
(Type or print clearly.) (spouse if applicable)

Mailing Address: _____
Phone: _____
Company Name: _____

Signature: _____
City/State/Zip: _____
Email: _____
Title: _____

☒ Applicant ☐ P.O.A. ☐ Agent ☐ Legal Representative

Check all that apply.

1) Name: Courtney McQueen, PLA
(Type or print clearly.)

Mailing Address: 16 Consultant Place, Suite 201
Phone: 919-490-4990

Signature: _____

City/State/Zip: Durham NC 27707
Email: cmcqueen@qunity.com

Company Name: Qunity

Title: Project Coordinator

By signing the above, I swear and affirm that I am the owner(s) or authorized representative as shown in the records of Wake County, North Carolina, which is the subject of this application. I further affirm that I am fully aware of the Town's application, fees, and procedural requirements and consent to this Application. I authorize the person(s) listed below to submit this Application and serve as the representative and point of contact for this Application.



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Please provide a separate form for each parcel number. For properties with multiple owners, each owner must complete an individual form. (A husband and wife may both sign and submit one form.)

Project/ Subdivision Name: Scarboro Village
Site Address: 201 S. Main St
Parcel ID: 1758-99-8909 Deed Reference: BK 018825 PG297-301

Property Owner *This field is required.

1) Name: Comm Dev LLC, Attn Matthew Shuey
(Type or print clearly.)

Mailing Address: 1340 Clifton Pond Rd

Phone: 919-761-4331

Signature: 

City/State/Zip: Louisburg, NC 27549

Email: Matt@commandcs.com

2) Name: _____
(Type or print clearly.) (spouse if applicable)

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Phone: _____

Company Name: _____

Signature: _____

City/State/Zip: _____

Email: _____

Title: _____

☒ Applicant ☐ P.O.A. ☐ Agent ☐ Legal Representative

Check all that apply.

1) Name: Courtney McQueen, PLA
(Type or print clearly.)

Mailing Address: 16 Consultant Place, Suite 201

Phone: 919-490-4990

Company Name: Qunity

Signature: _____

City/State/Zip: Durham NC 27707

Email: cmcqueen@qunity.com

Title: Project Coordinator

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Please provide a separate form for each parcel number. For properties with multiple owners, each owner must complete an individual form. (A husband and wife may both sign and submit one form.)

Project/ Subdivision Name: Scarboro Village
Site Address: 200 School St.
Parcel ID: 1758-99-8560 Deed Reference: BK 018825 PG297-301

Property Owner *This field is required.

1) Name: Comm Dev LLC, Attn Matthew Shuey
(Type or print clearly.)

Mailing Address: 1340 Clifton Pond Rd

Phone: 919-761-4331

Signature: 

City/State/Zip: Louisburg, NC 27549

Email: Matt@commandcs.com

2) Name: _____
(Type or print clearly.) (spouse if applicable)

Mailing Address: _____

Phone: _____

Company Name: _____

Signature: _____

City/State/Zip: _____

Email: _____

Title: _____

☒ Applicant ☐ P.O.A. ☐ Agent ☐ Legal Representative

Check all that apply.

1) Name: Courtney McQueen, PLA
(Type or print clearly.)

Mailing Address: 16 Consultant Place, Suite 201

Phone: 919-490-4990

Company Name: Qunity

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