

These are the case for the  
February 22, 2017  
Planning Board Meeting  
@ 1:30



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

FOR OFFICE USE ONLY  
**RECEIVED**  
JAN 09 2017 P  
City of Jackson  
City Planning Administration  
CASE NO.: 3964  
Ward #: 3

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

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

**II. Subject Property Address:** 3775 BAILEY AVENUE  
JACKSON, MS 39213

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

Current Zoning for property: R-5/R-2/C-3

Tax Parcel Number: \_\_\_\_\_ - 425 - 170

**III. Size of Property:**

Lot Frontage 150 N/S feet  
Lot Depth 290 E/W feet  
Square footage/Acres .89 ACRE  
Improved or Unimproved? IMPROVED  
If improved, number of existing buildings? 4  
Use of buildings: Residential Commercial Industrial

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

REQUESTED PARKING VARIANCE.

**V. Are there any City Code Violations on this property?** NOT TO MY 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?** Not to my knowledge  
If yes, please attach copies of agency findings and decisions.

**VIII. APPLICANT'S INFORMATION:**

Name: JASON Spellings (Bailey Avenue Holdings)  
Mailing Address: 214 KEY DRIVE Suite 1000  
City: MADISON State: MS Zip: 39110  
Contact Phone: 601-906-4243 Fax: (662) 773-7194  
Email: jspellings@hughesspellings.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**

**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.

[Signature]  
Applicant's Signature

[Signature]  
Property Owner's Signature

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

3775 BAILEY AVENUE Jackson, Mississippi

On this the 4<sup>th</sup> day of JANUARY, 2017.

**STATE OF MISSISSIPPI  
COUNTY OF HINDS**

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

JASON SPELLINGS

JASON SPELLINGS

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 4<sup>th</sup> day of

January, 2017.

**MY COMMISSION EXPIRES:**

9/23/18

[Signature]  
NOTARY PUBLIC





Hughes Spellings Development

214 Key Drive | Suite 1000 | Madison, Mississippi 39110

1/7/17

Ms. Ester L. Ainsworth

Zoning Administrator

200 South President Street

Jackson, MS 39205

Re: Statement of Intent – 3775 Bailey Avenue, Jackson, MS 39213

Ms. Ainsworth,

Please find attached to this document the supporting information for a parking variance. The required spaces for a 23 unit apartment building is 46 spaces. We are seeking a variance of 10 spaces in order to meet the required minimum number of spaces for a 23 unit apartment building after the demolition of one of the buildings located on the property. It should be noted that this property is located on the JATLAN line.

The granting of a parking variance has widespread precedent. The granting of this variance would not confer upon this applicant any special privilege that has been denied by the Zoning Ordinance to other similar lands, structures or buildings in the same district.

Sincerely,

A handwritten signature in black ink that reads 'Jason Spellings'. The signature is written in a cursive style with a large initial 'J' and 'S'.

Jason Spellings



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

**FOR OFFICE USE ONLY**  
 RECEIVED  
 AUG 29 2016  
 City of Jackson  
 City Planning Administration  
**CASE NO.:** 3952  
**Ward #:** 7

**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:** 2906 N. State Street  
Jackson, MS 39216

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

**Current Zoning for property:** UTC

**Tax Parcel Number:** 47-13

**III. Size of Property:**

Lot Frontage 110 feet  
 Lot Depth 235 feet  
 Square footage/Acres 1.5  
 Improved or Unimproved? Improved  
 If improved, number of existing buildings? Mixed Use  
**Use of buildings:** Residential Commercial Industrial

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

To Allow Non-Residential Tenant

**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.

[Signature]  
Applicant's Signature

[Signature]  
Property Owner's Signature

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

2906 N. STATE ST. Jackson, Mississippi

On this the 29 day of August, 2016.

**STATE OF MISSISSIPPI  
COUNTY OF HINDS**

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

[Signature]

[Signature]

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 29<sup>th</sup> day of August, 2016.

**MY COMMISSION EXPIRES:**  
August 15, 2017



[Signature]  
NOTARY PUBLIC

To whom it may concern,

My name is Jason Thomas, I own and operate ELECTRIC DAGGER TATTOO, I am inquiring about opening my business ~~at~~ under a special use permit for 2906 W State St Jackson MS 39216 It will be used for an art studio, gallery & tattoo parlour

Thank you for your time  
Have a great day

Jason Thomas