

CITY OF HIGH POINT

AGENDA ITEM



Title: Zoning Map Amendment 19-02
(Chick-fil-A, Inc.)

From: Lee Burnette, Planning & Development
Director

Meeting Date: April 15, 2019

Public Hearing: Yes

Advertising Date: April 3, 2019 and April 10, 2019

Advertised By: Planning & Development

Attachments: A. Planning and Zoning Commission Recommendation
B. Staff Report
C. Zoning Ordinance

PURPOSE:

A request by Chick-fil-A, Inc. to rezone an approximate 1.3-acre parcel from a Conditional Use Retail Center (CU RC) District to a Conditional Zoning General Business (CZ GB) District. The site is lying at the northeast corner of E. Hartley Drive and N. Main Street (2700 N. Main Street).

BACKGROUND:

The staff report and the Planning & Zoning Commission's recommendation are enclosed.

BUDGET IMPACT:

There is no budget impact.

RECOMMENDATION / ACTION REQUESTED:

- A. Staff recommended *approval* of this request, as outlined in the attached staff report.
- B. On March 26, 2019, a public hearing was held before the Planning and Zoning Commission regarding Zoning Map Amendment 19-02. The Planning & Zoning Commission recommended *approval* of this request, as outlined in the staff report and recommended by staff, by a vote of 7-0.

PLANNING AND ZONING COMMISSION RECOMMENDATION

Chick-fil-A, Inc.

Zoning Map Amendment 19-02

At its March 26, 2019 public hearing, the Planning and Zoning Commission reviewed a request to rezone an approximate 1.3-acre parcel to a Conditional Zoning General Business (CZ GB) District. All members of the Commission were present except for Ms. Angela McGill and Ms. Marie Stone. Mr. Herbert Shannon, Senior Planner, presented the case and recommended approval of the request as outlined in the staff report.

Speaking on the request:

Mr. Charles Barks, Hill Foley Rossi and Associates, 3680 Pleasant Hill Road #200, Duluth, GA, representing Chick-fil-A, Inc. and local operator Gene Rhodes, 106 Countryside Court, Woodstock, GA, spoke in favor of the request and were available to answer any questions.

Planning & Zoning Commission Action

Consistency & Reasonableness Statements

The Commission stated that the request is consistent with adopted policy guidance because similar properties fronting this section of N. Main Street as adopted by Land Use Plan in a GB District. Furthermore, the request is reasonable and in the public interest because the GB District is applied along N. Main Street in individual parcels, small group developments, and other shopping center developments similar to the rezoning site.

The Planning & Zoning Commission adopted these statements by a vote of 7-0.

Zoning Map Amendment

The Commission recommended *approval* of Zoning Map Amendment 19-02, as recommended by staff, by a vote of 7-0.

**CITY OF HIGH POINT
PLANNING AND DEVELOPMENT DEPARTMENT**

**STAFF REPORT
ZONING MAP AMENDMENT 19-02
March 26, 2019**

| Request | |
|---|--|
| Applicant: Chick-fil-A, Inc. | Owner: Chick-fil-A, Inc. |
| Zoning Proposal: To rezone a 1.35 acre parcel | From: CU RC Conditional Use Retail Center |
| | To: CZ GB Conditional Zoning General Business |

| Site Information | |
|--|---|
| Location: | The site is lying at the northeast corner of the E. Hartley Drive and N. Main Street (2700 N. Main Street). |
| Tax Parcel Number: | Guilford County Tax Parcel 197824 |
| Site Acreage: | Approximately 1.35 acres |
| Current Land Use: | Major restaurant use |
| Physical Characteristics: | The parcel is generally flat but lies 2 - 6 feet below adjacent roadways. A 4,854 square foot building sits on the southern portion of the site. |
| Water and Sewer Proximity: | A 12-inch City water line and 8-inch City sewer line lie adjacent to the site along N. Main Street and E. Hartley Drive. |
| General Drainage and Watershed: | The site drains in a general northwesterly direction and is within the Yadkin Pee-Dee (non-water supply) watershed. Based on the size of the parcel and allowable development intensity, stormwater controls may be required. |
| Overlay District: | None |

| Adjacent Property Zoning and Current Land Use | | | |
|--|-------|--|---|
| North: | CU RC | Conditional Use Retail Center District | Large retail sales establishment |
| South: | CU RC | Conditional Use Retail Center District | Large retail sales establishment and major restaurant |
| | GB | General Business District | |
| East: | CU RC | Conditional Use Retail Center District | Large retail sale establishment |
| West: | CU RC | Conditional Use Retail Center District | Minor and large retail sales establishments |

| Relevant Land Use Policies and Related Zoning History | |
|--|--|
| Community Growth Vision Statement: | This request is neither consistent nor inconsistent with the goals and objectives of the Community Growth Vision Statement. |
| Land Use Plan Map Classification: | The site has a Community/Regional Commercial land use classification, which includes a wider range of retail or service uses intended to serve the entire community and nearby regional customers. |

| | |
|--|---|
| Land Use Plan Goals, Objectives & Policies: | This request is neither consistent or inconsistent with the goals and objectives of the Land Use Plan. |
| Relevant Area Plan: | Not applicable |
| Zoning History: | The zoning site obtained commercial zoning in 1986 (ZA-86-30). Since that time, adjacent parcels along this segment of the N. Main Street corridor have been zoned and developed with various commercial zoning districts and uses. |

| Transportation Information | | | | |
|--|---|----------------|---------------------------------------|------------------|
| Adjacent Streets: | Name | | Classification | Approx. Frontage |
| | N. Main Street | | Major Thoroughfare | 280 ft. |
| | E. Hartley Drive | | Major Thoroughfare | 250 ft. |
| Vehicular Access: | Via existing shared Walmart access drives from N. Main Street and E. Hartley Drive. | | | |
| Traffic Counts: (Average Daily Trips) | N. Main Street | | 24,000 ADT (NCDOT 2017 traffic count) | |
| | E. Hartley Drive | | 13,000 ADT (NCDOT 2017 traffic count) | |
| Estimated Trip Generation: | Not applicable | | | |
| Traffic Impact Analysis (TIA): | Required | | TIA Comments | |
| | <u>Yes</u> | <u>No</u> X | None | |
| Conditions: | No direct vehicular access shall be permitted to the site from N. Main Street or from E. Hartley Drive. | | | |

| School District Comment |
|-------------------------------------|
| Not applicable to this zoning case. |

Details of Proposal

The applicant is requesting to rezone this parcel from its current CU RC District to the CZ GB District to utilize signage standards of the GB District. The zoning site contains a new restaurant building on a parcel that abuts the Walmart development on N. Main Street. In conjunction with this application, a Conditional Zoning Ordinance has been submitted that prohibits direct driveway access to N. Main Street and E. Hartley Drive. The existing shared access driveways will continue to be used for access.

This parcel was part of a subdivision plat, recorded in 1990, that dedicated land for the E. Hartley Drive extension and created the parcel configurations for the Walmart, Chick-fil-a, Murphy's Oil and a portion of the Golds Gym property. The zoning site (Chick-fil-a) was initially developed in late 1991 for a major eating establishment (drive-thru restaurant). The current freestanding sign was permitted under the standards of the 1985 Development Ordinance and is nonconforming as it did not meet standards of the previous 1992 Development Ordinance; nor the current Development Ordinance. Nonconforming signs are to be removed when a building on a site is demolished. In late 2018, the former restaurant building on the site was razed and the property was redeveloped. With the demolition and redevelopment of this site, the current nonconforming free-standing sign is to be removed.

Under the RC District standards, a freestanding sign on this site can have an area of 100 square feet and a maximum height of 6 feet. The existing freestanding sign is approximately 40 feet tall and totals 190 square feet of area; thus, making it nonconforming as to height and area. The applicant obtained a variance in November 2018 to increase the allowable sign height on the property to 15 feet but an increase in sign area is not allowed. Under the proposed GB District, a freestanding sign may be erected with a 200 square foot area and a 30-foot height. Compared to the current nonconforming sign, a new freestanding sign under the GB District standards would have a similar copy area, but would be 10 feet shorter.

Staff Analysis

Section 2.4.5.(C) of the Development Ordinance states that the advisability of a conditional zoning is a matter committed to the legislative discretion of the City Council and is not controlled by any one factor. Based on the applicant's submittal and proposed conditions, as they existed on the date of this report, the Planning and Development Department offers the following comments relative to these ordinance considerations.

Review Factors:

Whether the applicant's proposed conditional zoning district, including the proposed use(s), written conditions, and conditional zoning plan (if applicable), will satisfactorily:

| | |
|-------------------------|---|
| <u>Factor #1</u> | Results in a development that is compatible with surrounding development character and land uses; The site is located along a segment of the N. Main Street commercial corridor containing a combination of RC and GB District zoning and developed with a wide variety of commercial uses. The GB District is applied to adjacent parcels and non-shopping center sites. |
| <u>Factor #2</u> | Minimizes or effectively mitigates any identified adverse impact on adjacent and nearby land, such as that caused by traffic, parking, noise, lighting, trash, loading areas, etc.; The access condition offered by the applicant will mitigate adverse impacts on abutting roadways. |
| <u>Factor #3</u> | Minimizes or effectively mitigates any identified adverse environmental impact on water and air resources, minimizes land disturbance, preserves trees and protects habitat; The site is within the Yadkin Pee-Dee (non-water supply) watershed. The recent re-development of the site meets current watershed regulations. |
| <u>Factor #4</u> | Minimizes or effectively mitigates any identified adverse impact on municipal facilities and services, such as streets, potable water and wastewater facilities, parks, police and fire; The site is within an area currently served by City of High Point utilities and municipal services. Rezoning of the property has not effect on current services. |
| <u>Factor #5</u> | Minimizes or effectively mitigates any identified adverse effect on the use, enjoyment or value of adjacent lands. The site is along a commercial corridor that contains both GB and RC Districts. Both districts allow similar principal uses. |

Changes in the Area:

There have been changes in the type or nature of development in the area of the proposed Conditional Zoning District that support the application.

There are no significant land use policy changes in this area. Since the late 1980s, this segment of N. Main Street developed as a commercial corridor with a wide variety of commercial uses.

Development Patterns:

The proposed Conditional Zoning District results in development that promotes a logical, preferred and orderly development pattern.

The site is located along an established commercial corridor. The requested GB District is not out of character with the existing zoning and development pattern that is applied to this section of N. Main Street.

Consistency with Adopted Policy Guidance:

Whether and the extent to which the proposed conditional zoning district is appropriate for its proposed location, and is consistent with the City's adopted policy guidance;

Similar properties fronting this section of N. Main Street and classified by the adopted Land Use Plan are in a GB District

Reasonableness/Public Interest:

Whether an approval of the Conditional Zoning District is reasonable and in the public interest.

The GB District is applied along N. Main Street to individual parcels, small group developments, and other non-shopping center developments similar to the rezoning site.

Recommendation

Staff Recommends Approval

The Planning & Development Department recommends approval of the request to rezone this 1.3-acre parcel to the CZ GB District.

Required Action

Planning and Zoning Commission:

The NC General Statutes require that the Planning and Zoning Commission place in the official record a statement of consistency with the City's adopted plans when making its recommendation. This may be accomplished by adopting the statements in the Staff Analysis section of this report or by adopting its own statement.

City Council:

The NC General Statutes require that the City Council also place in the official record a statement of consistency with the City's adopted plans, and explain why the action taken is considered to be reasonable and in the public interest when rendering its decision in this case. This may be accomplished by adopting the statements in the Staff Analysis section of this report or by adopting its own statement.

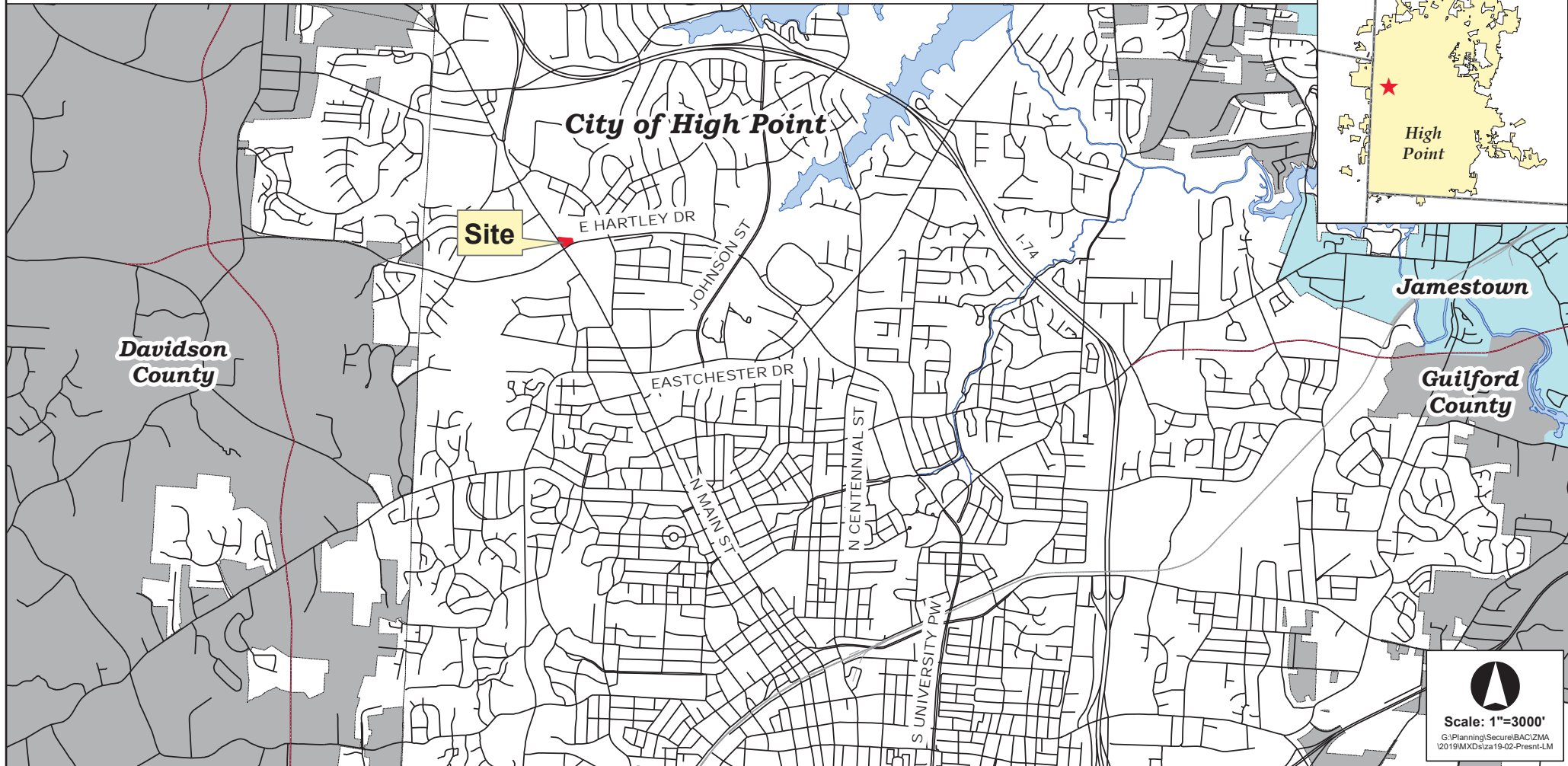
Report Preparation

This report was prepared by Planning and Development Department staff member Herbert Shannon Jr. AICP, Senior Planner, and reviewed by Robert Robbins AICP, Development Services Administrator and G. Lee Burnette AICP, Director.

LOCATION MAP

ZONING MAP AMENDMENT: ZA-19-02
Applicant: Chick-fil-A, Inc.

Vicinity Map



Jamestown

Guilford County

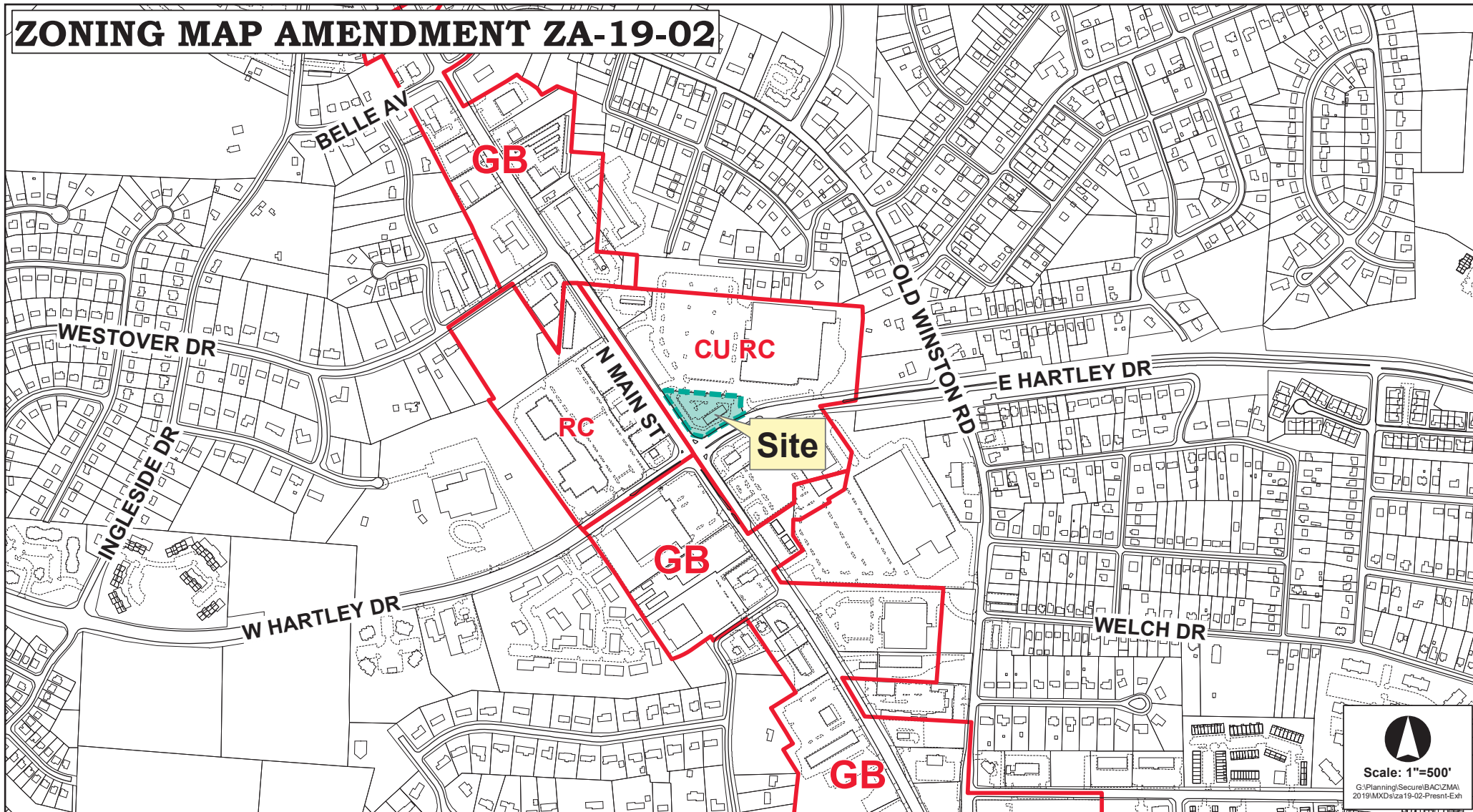
Davidson County



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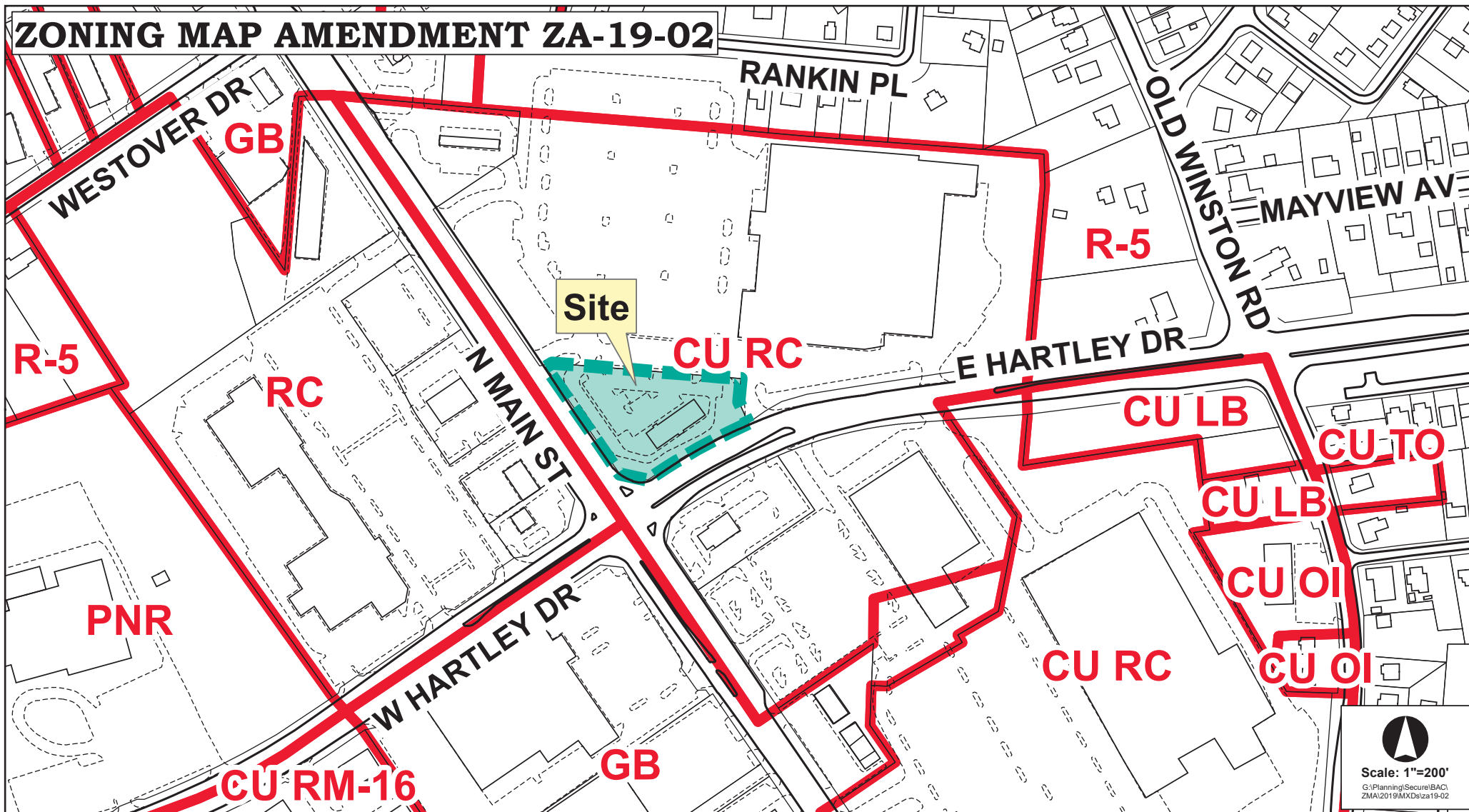
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ZONING MAP AMENDMENT ZA-19-02

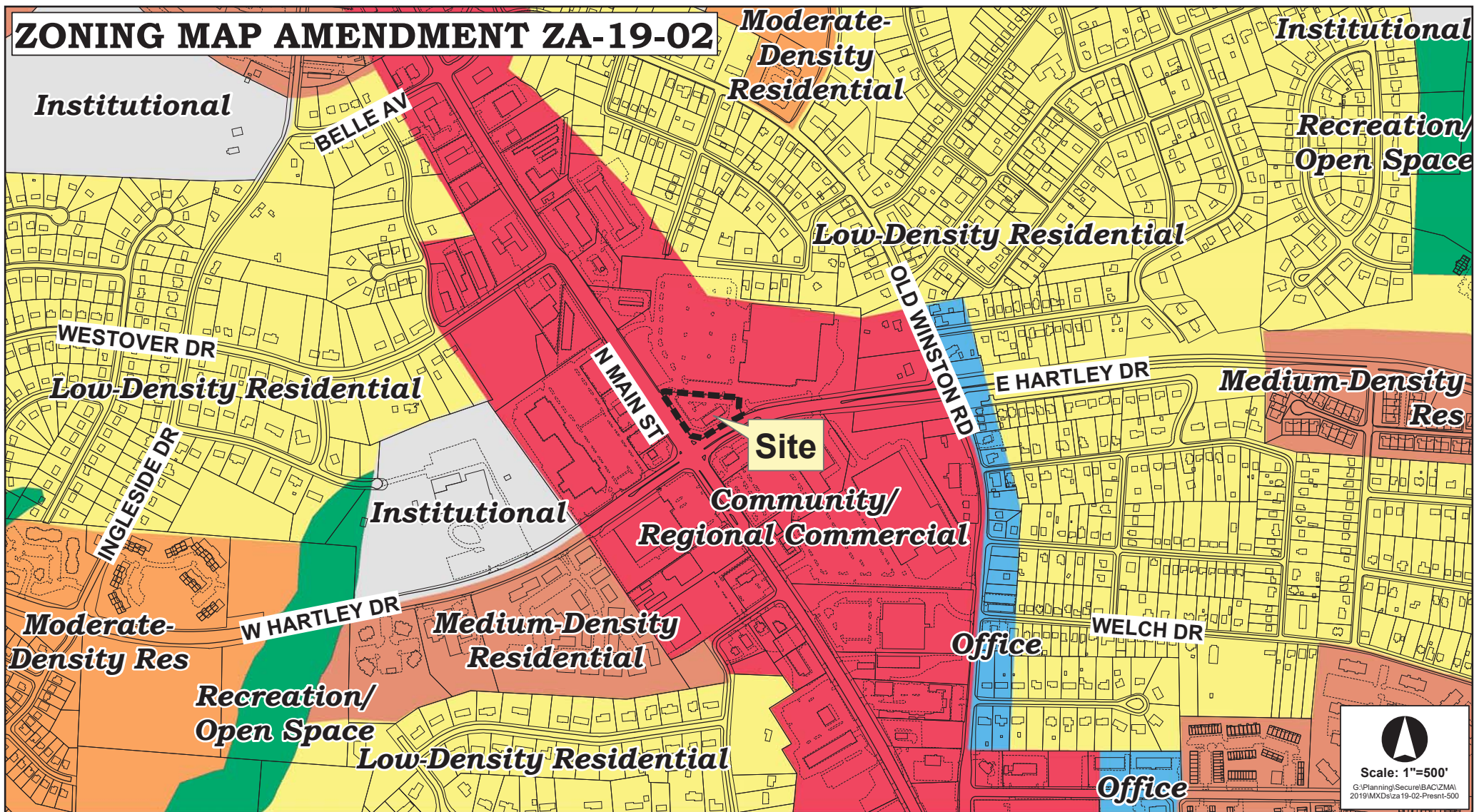


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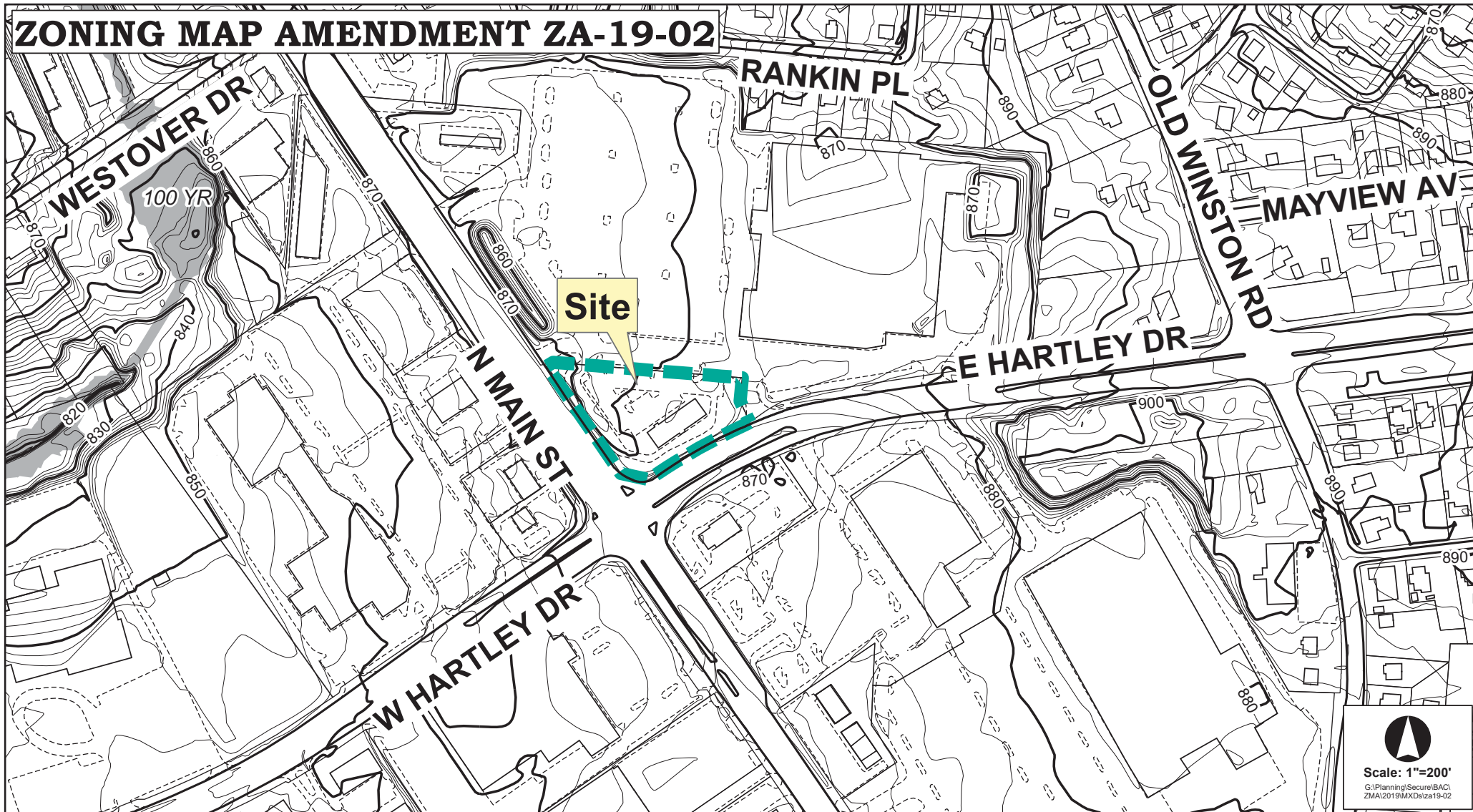
ZONING MAP AMENDMENT ZA-19-02



ZONING MAP AMENDMENT ZA-19-02

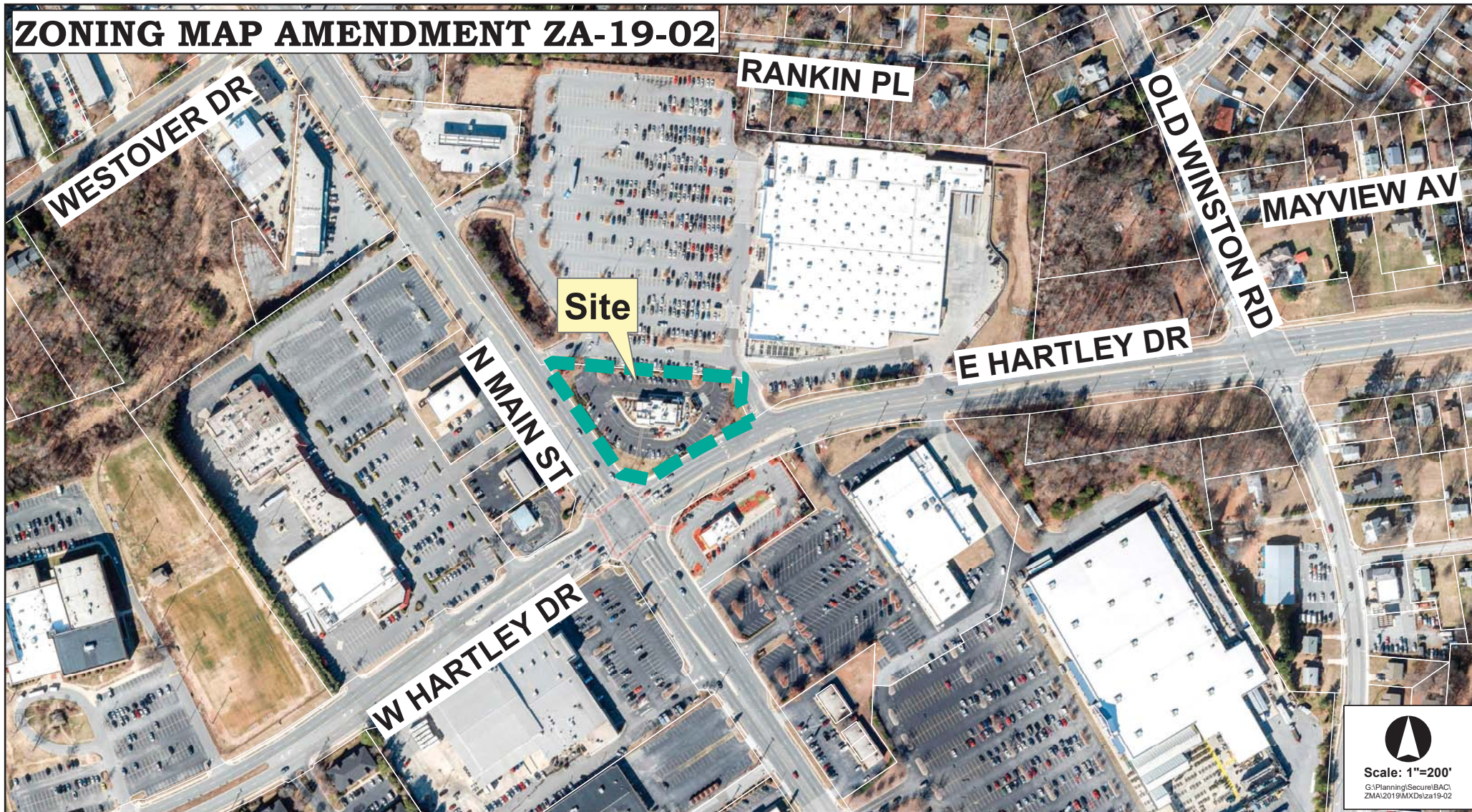


ZONING MAP AMENDMENT ZA-19-02




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AN ORDINANCE AMENDING “THE CITY OF HIGH POINT, NORTH CAROLINA DEVELOPMENT ORDINANCE,” PURSUANT TO SECTION 2.4.19, ZONING MAP AMENDMENT, OF THE DEVELOPMENT ORDINANCE.

WHEREAS, the City Council of the City of High Point adopted “The City of High Point Development Ordinance” on May 16, 2016 with an effective date of January 1, 2017, and subsequently amended;

WHEREAS, public hearings were held before the Planning and Zoning Commission of the City of High Point on March 26, 2019 and before the City Council of the City of High Point on April 15, 2019 regarding **Zoning Map Amendment Case 19-02 (ZA-19-02)** a proposed amendment to the Official Zoning Map of the “City of High Point Development Ordinance”;

WHEREAS, notice of the public hearings were published in the High Point Enterprise on March 17, 2019, for the Planning and Zoning Commission public hearing and on April 3, 2019 and April 10, 2019, for the City Council public hearing pursuant to Chapter 160A-364 of the General Statutes of North Carolina; and

WHEREAS, the proposed amendment was adopted by the City Council of the City of High Point on **April 15, 2019**.

THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF HIGH POINT:

SECTION 1

That the Official Zoning Map of the City of High Point be amended to establish the following described area as a: **Conditional Zoning General Business (CZ GB) District**. The property is approximately 1.3 acres and lying at the northeast corner of the W. Hartley Drive and N. Main Street intersection (2700 N. Main Street). The property is also known as Guilford County Tax Parcel 0197824.

SECTION 2

That the property herein described shall be perpetually bound by the following use(s) authorized and condition(s) imposed, unless subsequently changed or amended as provided for by the Development Ordinance.

Part I. **USES:** Any uses allowed in the General Business (GB) District subject to the standards of the Development Ordinance and the specific conditions listed in this ordinance.

Part II. **CONDITIONS:**

A. **Transportation Conditions.**

1. **Access:** No direct vehicular access shall be permitted to the site from N. Main Street or from E. Hartley Drive.

SECTION 3

That plans for any development on the property described herein shall be pursued in accordance with this conditional zoning district and shall be submitted to the City of High Point and other approval authorities for review in the same manner as other such plans that are required to be approved by the City of High Point.

SECTION 4

Should any section or provision of this ordinance be declared invalid, such decision shall not affect the validity of the remaining portions of this ordinance.

SECTION 5

That all ordinances or parts of ordinances in conflict with the provisions of this ordinance are hereby repealed.

SECTION 6.

This ordinance shall become effective upon the date of adoption.

15th day of April, 2019.

Lisa B. Vierling, City Clerk



Citizens Information Meeting Report

Conditional Zoning General Business District (Cz, Gb)

Casey Durden, P.E., Principal
Hill Foley Rossi & Associates, LLC

March 4, 2019



MEETING REPORT

DATE: March 1, 2019

TO: City of High Point, North Carolina
Planning and Development

FROM: Casey Durden, P.E., Principal
Hill Foley Rossi & Associates, LLC

RE: **Conditional Zoning General Business (CZ GB) District**
Citizens Information Meeting
Rezoning Case ZA19-02

In lieu of a Citizens' Information Meeting in support of Rezoning Case ZA19-02, Hill Foley Rossi & Associates, LLC mailed Letters of Invitation to eight (8) residents on February 22, 2019. The Application is for Rezoning Case ZA19-02 includes the rezoning from CU RC to CZ GB of the Chick-fil-A parcel located at 2700 North Main Street, High Point, NC 27265-2825. Included with the Letters were an Approved City Statement and Draft Zoning Map Amendment.

There have been no responses to the Letters of Invitation by HFR from any of the adjacent owners. Copies of the Certified Mail Return Receipts for each of the adjacent owner are included.

NOTE: The items below were sent to all adjacent owners.

- HFR Letter
- Label copies sent to owners
- Approved City Statement
- Draft Zoning Map Amendment
- Site Plan

Please accept this report letter as a statement of no concern by the recipients of HFR's initial letter in proceeding with the proposed rezoning.

Please contact the undersigned with any comments, questions, or concerns there may be in regards to this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Casey Durden', is written over the word 'Sincerely,'.

Casey Durden, P.E.
Principal
Hill Foley Rossi & Associates, LLC
Email: cdurden@hfraa.com

ATTACHMENTS: USPS Return Receipts

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WAL-MART REAL ESTATE BUSINESS PROPERTY
TAX #0555
PO BOX 8050
BENTONVILLE AR 72712



9590 9402 1660 6053 0694 08

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

7014 1200 0000 9391 9859

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

BENTONVILLE, AR 72712

Postage

\$2.50

Certified Fee

\$2.80

Return Receipt Fee
(Endorsement Required)

\$0.00

Restricted Delivery Fee
(Endorsement Required)

\$0.00

Total Postage & Fees

\$0.55

\$6.85

Sent To

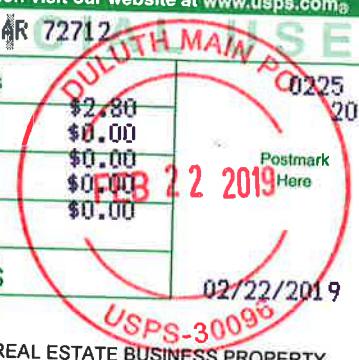
Street, Apt.
or PO Box


City, State,

WAL-MART REAL ESTATE BUSINESS PROPERTY
TAX #0555
PO BOX 8050
BENTONVILLE AR 72712

PS Form 3800, August 2006

See Reverse for Instructions



| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|---------------------|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X <div style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div> | |
| 1. Article Addressed to: STARRPOINT L P 2401 KEITH ST CLEVELAND TN 37311 | | B. Received by (Printed Name) | C. Date of Delivery |
| 2. Article Number (Transfer from service label) <div style="text-align: center;">  9590 9402 1660 6053 0693 78 </div> | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | | Domestic Return Receipt | |

7014 1200 0000 9391 9828

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CLEVELAND, TN 37311
OFFICIAL USE

| | | | |
|---|--------|--------|---|
| Postage | \$3.50 | \$2.80 | 0225 |
| Certified Fee | \$0.00 | \$0.00 | 20 |
| Return Receipt Fee (Endorsement Required) | \$0.00 | \$0.00 | Postmark Here <div style="color: red; font-weight: bold; font-size: 1.5em;">FEB 22 2019</div> |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | \$0.00 | |
| Total Postage & Fees | \$6.85 | | 02/22/2019 |

Sent To
Street, A
or PO Box
City, State

STARRPOINT L P
2401 KEITH ST
CLEVELAND TN 37311

PS Form 3800, August 2006
See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---|----------------------------|
| <p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> | | <p>A. Signature X</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p>PILOT MOUNTAIN PROPERTY MANAGEMENT INC PO BOX 58 PILOT MOUNTAIN NC 27041</p> | | <p>B. Received by (Printed Name)</p> | <p>C. Date of Delivery</p> |
| <p>2. Article Number (Transfer from service label)</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> | | <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p> | |

9590 9402 1660 6053 0693 47

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

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For delivery information visit our website at www.usps.com

PILOT MOUNTAIN, NC 27041

7014 1200 0000 9391 9673

| | | |
|--|--------|--|
| Postage | \$3.50 | |
| Certified Fee | \$2.80 | |
| Return Receipt Fee (Endorsement Required) | \$0.00 | |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | |
| | \$0.55 | |
| Total Postage & Fees | \$6.85 | |

0225
20


Postmark Here

02/22/2019

Sent To

Street, Apt. 1 PILOT MOUNTAIN PROPERTY MANAGEMENT INC
or PO Box 1 PO BOX 58
City, State, ZIP PILOT MOUNTAIN NC 27041

PS Form 3800, August 2006 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|---------------------|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> | |
| 1. Article Addressed to: NORTH POINTE MARKETPLACE PARTNERS LLC PO BOX 5778 HIGH POINT NC 27262 | | B. Received by (Printed Name) | C. Date of Delivery |
| 2. Article Number (Transfer from service label) <div style="text-align: center;">  9590 9402 1660 6053 0693 85 </div> | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | | 3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div> | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | | Domestic Return Receipt | |

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For delivery information visit our website at www.usps.com

HIGH POINT, NC 27262


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|--|--------|--------|------|
| Postage | \$3.50 | \$2.80 | 0225 |
| Certified Fee | | \$0.00 | 20 |
| Return Receipt Fee (Endorsement Required) | | \$0.00 | |
| Restricted Delivery Fee (Endorsement Required) | | \$0.00 | |
| | \$0.55 | | |
| Total Postage & Fees | \$6.85 | | |

Sent To
Street, Apt. No or PO Box No
City, State, Zi

NORTH POINTE MARKETPLACE PARTNERS LLC
PO BOX 5778
HIGH POINT NC 27262

PS Form 3800, August 2006

See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---|---------------------|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> | |
| | | B. Received by (Printed Name) | C. Date of Delivery |
| 1. Article Addressed to: JDS HPN LLC ; CTL LLC PO BOX 52328 DURHAM NC 27717  9590 9402 1660 6053 0693 61 | | D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 2. Article Number (Transfer from service label) | | 3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div> | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | | Domestic Return Receipt | |

7014 1200 0000 9391 9811

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

DURHAM, NC 27717


| | |
|--|--------|
| Postage & Fees | \$3.50 |
| Certified Fee | \$2.80 |
| Return Receipt Fee (Endorsement Required) | \$0.00 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$6.85 |

0225 20
Postmark Here

02/22/2019

Sent To
Street, Apt., or PO Box # JDS HPN LLC ; CTL LLC
City, State, ZIP+4® PO BOX 52328 - 3006
DURHAM NC 27717

PS Form 3800, August 2006
See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---|---------------------|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> | |
| 1. Article Addressed to: CALM III LLC 8000 TOWE POINT DR CHARLOTTE NC 28277  9590 9402 1660 6053 0693 30 | | B. Received by (<i>Printed Name</i>) | C. Date of Delivery |
| 2. Article Number (<i>Transfer from service label</i>) | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | | 3. Service Type <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div> | |

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7014 1200 0000 9391 9880

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)


For delivery information visit our website at www.usps.com

CHARLOTTE, NC 28227

| | | | |
|--|--------|---|---------------|
| Postage | \$3.50 | <div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> DULUTH MAIN PO FEB 22 2019 USPS-30096 </div> | 0225 |
| Certified Fee | \$2.80 | | 20 |
| Return Receipt Fee (Endorsement Required) | \$0.00 | | Postmark Here |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | | |
| Total Postage & Fees | \$6.85 | | 02/22/2019 |

Sent To: CALM III LLC
Street, or PO: 8000 TOWE POINT DR
City, S: CHARLOTTE NC 28277

PS Form 3800, August 2006 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|---------------------|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> | |
| 1. Article Addressed to: AUTOZONE INC PO BOX 2198 MEMPHIS TN 38101  9590 9402 1660 6053 0693 92 | | B. Received by (<i>Printed Name</i>) | C. Date of Delivery |
| 2. Article Number (<i>Transfer from service label</i>) | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery | |

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

7014 1200 0000 9393 9842

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com


MEMPHIS, TN 38101

| | |
|--|--------|
| Postage | \$3.50 |
| Certified Fee | \$2.80 |
| Return Receipt Fee (Endorsement Required) | \$0.00 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$6.85 |

Sent To: AUTOZONE INC
PO BOX 2198
MEMPHIS TN 38101

0225 20
Postmark Here
02/22/2019

PS Form 3800, August 2006 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|----------------------------|
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: AAH INVESTMENTS LLC 77 S BATTERY ST CHARLESTON SC 29401 | | B. Received by (Printed Name) | C. Date of Delivery |
| 2. Article Number (Transfer from service label) <div style="text-align: center;">  9590 9402 1660 6053 0693 54 </div> | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | | <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | | Domestic Return Receipt | |

7014 1200 0000 9391 9866

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

CHARLESTON, SC 29401

| | | | |
|--|---------------|---|-----------------------------|
| Postage | \$3.50 | <div style="border: 2px solid red; border-radius: 50%; padding: 10px; display: inline-block;"> FEB 22 2019 USPS-30098 </div> | 0225 20 Postmark Here |
| Certified Fee | \$2.80 | | |
| Return Receipt Fee (Endorsement Required) | \$0.00 | | |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | | |
| | \$0.00 | | |
| | \$0.55 | | |
| Total Postage & Fees | \$6.85 | | 02/22/2019 |

Sent To

Street, Apt. No. AAH INVESTMENTS LLC

or PO Box No. 77 S BATTERY ST

City, State, ZIP CHARLESTON SC 29401

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NORTH POINTE MARKETPLACE PARTNERS LLC
PO BOX 5778
HIGH POINT NC 27262



9590 9402 1660 6053 0693 85

2. Article Number (Transfer from service label)

1200 0000 9391 9835

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☒ Agent ☐ Addressee

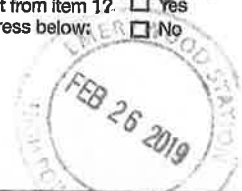
B. Received by (Printed Name)

SPERUCKE ☒ Yes ☐ No

C. Date of Delivery

2/26/19

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No



3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AUTOZONE INC
PO BOX 2198
MEMPHIS TN 38101



9590 9402 1660 6053 0693 92

2. Article Number (Transfer from service label)

1200 0000 9391 9842

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by (Printed Name)

SPERUCKE ☐ Yes ☐ No

C. Date of Delivery

2-24-19

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JDS HPN LLC ; CTL LLC
PO BOX 52328
DURHAM NC 27717



9590 9402 1660 6053 0693 61

2. Article Number (Transfer from service label)

014 1200 0000 9391 9811

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation† |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AAH INVESTMENTS LLC
77 S BATTERY ST
CHARLESTON SC 29401



9590 9402 1660 6053 0693 54

2. Article Number (Transfer from service label)

7014 1200 0000 9391 9866

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation† |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WAL-MART REAL ESTATE BUSINESS PROPERTY
TAX #0555
PO BOX 8050
BENTONVILLE AR 72712



9590 9402 1660 6053 0694 08

2. Article Number (Transfer from service label)

86 1666 0000 0021 4102

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation† |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |