



## Conditional Rezoning Application

**OFFICIAL USE ONLY:**

Case Number: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Gate Keeper: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_

**Contact Information****APPLICANT:**

Name: C.Cheyney Cole, Jr.  
Address: 1020 Quail Covey Lane  
Virginia Beach, Va. 23451  
Telephone: 757-270-5323  
E-Mail Address: ccole@slnusbaum.com

**PROPERTY OWNER:**

Name: Currituck Way LLC/ITAC 423 LLC  
Address: 353 Soundview Dr.  
Kill Devil Hills, NC 27948  
Telephone: 252-202-1292  
E-Mail Address: jimobx@aol.com

LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: N/A

**Property Information**

Physical Street Address: 8149 Caratoke Hwy. Currituck County, NC  
Location: Foster Forbes Rd. and Caratoke Hwy.  
Parcel Identification Number(s): 012300000950000 and 0123000095A0000  
Total Parcel(s) Acreage: 20.02 acres per Planning/actual survey (21.02 by tax records)  
Existing Land Use of Property: N/A Vacant Land

**Request**

Current Zoning of Property: AG Proposed Zoning District: C-MXR

**Community Meeting**

Date Meeting Held: 12/4/25 Meeting Location: 7069 Caratoke Hwy, BJ's Carolir

## Conditional Rezoning Request

To Chairman, Currituck County Board of Commissioners:

The undersigned respectfully requests that, pursuant to the Unified Development Ordinance, a conditional zoning district be approved for the following use(s) and subject to the following condition(s):

**Provide a written description of the proposed use(s) of all land and structures, types of improvements, density, number of lots, proposed floor area of non-residential buildings, activities, and hours of operation:**

Rezoning to C-MXR. There will be twenty (20) residential homes on a minimum 20,000SF lot size. Entrance to be from

6.2 acres of open space, individual septic systems for each home. Homes to be 1,900 to 2,300 SF..

Typically each home will have 3 bedrooms and 2 to 2.5 baths.

**Proposed Zoning Condition(s) (Any proposed conditions shall not be less restrictive than the provisions of the Ordinance):**

Minimum 20,000 SF lots. 30% open space.

30 foot landscaping buffer along Foster Forbes Rd.

An application has been duly filed requesting that the property involved with this application be rezoned from:  
AG to: C-MXR

It is understood and acknowledged that if the property is rezoned as requested, the property involved in this request will be perpetually bound to the conceptual development plan, use(s) authorized, and subject to such condition(s) as imposed, unless subsequently changed or amended as provided for in the Currituck County Unified Development Ordinance. It is further understood and acknowledged that final plans for any development be made pursuant to any such conditional zoning district so authorized and shall be submitted to the Technical Review Committee.

\_\_\_\_\_  
Property Owner

12/4/2025

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner

12/4/2025

\_\_\_\_\_  
Date

**NOTE:** Form must be signed by the owner(s) of record. If there are multiple property owners a signature is required for each owner of record.

## Conditional Rezoning Request

To Chairman, Currituck County Board of Commissioners:

The undersigned respectfully requests that, pursuant to the Unified Development Ordinance, a conditional zoning district be approved for the following use(s) and subject to the following condition(s):

Provide a written description of the proposed use(s) of all land and structures, types of improvements, density, number of lots, proposed floor area of non-residential buildings, activities, and hours of operation:

*Rezone to C-MXR*

*The proposed use is twenty single family homes on minimum half-acre lots. Homes to generally be between 1,500 SF and 2,300 SF. There will be a septic sewer system for each home, bury water from a 12-inch main on Canatoka Hwy. The entrance will be from Foster-Forkes Rd. 30' open space.*

Proposed Zoning Condition(s) (Any proposed conditions shall not be less restrictive than the provisions of the Ordinance):

- Minimum 20,000 SF lots, 30' open space*
- 30' landscaping buffer on Southern property line adjacent to Foster-Forkes Rd.*

An application has been duly filed requesting that the property involved with this application be rezoned from:  
*AP* to: *C-MXR*

It is understood and acknowledged that if the property is rezoned as requested, the property involved in this request will be perpetually bound to the conceptual development plan, use(s) authorized, and subject to such condition(s) as imposed, unless subsequently changed or amended as provided for in the Currituck County Unified Development Ordinance. It is further understood and acknowledged that final plans for any development be made pursuant to any such conditional zoning district so authorized and shall be submitted to the Technical Review Committee.

*[Signature]*  
Property Owner

*12-4-25*

Date

*[Signature]*  
Property Owner

*12-4-25*

Date

NOTE: Form must be signed by the owner(s) of record. If there are multiple property owners a signature is required for each owner of record.

*Kirby Daulton*  
*C. Clay Cole Jr. (Applicant)*

*11/29/2025*  
Date

Conditional Rezoning Application  
Page 6 of 9  
July 2024

### Conditional Rezoning Design Standards Checklist

The table below depicts the design standards of the conceptual development plan for a conditional rezoning application. Please make sure to include all applicable listed items to ensure all appropriate standards are reviewed.

## Conditional Rezoning Conceptual Development Plan Design Standards Checklist

Date Received: 12/11/2025

TRC Date: 1/14/2026

Project Name: Currituck Way

Applicant/Property Owner: Cheyney Cole/Currituck Way LLC (Jim Rose)

| Conditional Rezoning Design Standards Checklist |   |                                     |
|---|---|-------------------------------------|
| 1   | Property owner name, address, phone number, and e-mail address.   | <input checked="" type="checkbox"/> |
| 2   | Site address and parcel identification number.  | <input checked="" type="checkbox"/> |
| 3   | A scaled drawing showing existing boundary lines, total acreage, adjacent use types, location of streets, rights-of-way, easements, and reservations.   | <input checked="" type="checkbox"/> |
| 4   | North arrow and scale to be 1" = 100' or larger.  | <input checked="" type="checkbox"/> |
| 5   | Vicinity map showing property's general location in relation to streets, railroads, and waterways.  | <input checked="" type="checkbox"/> |
| 6   | Existing zoning classification of the property and surrounding properties and existing uses.  | <input checked="" type="checkbox"/> |
| 7   | Approximate location of the following existing items within the property to be rezoned and within 50' of the existing property lines:<br>Pathways, structures, septic systems, wells, utility lines, water lines, culverts, storm drainage pipes, shorelines, bodies of water, ditches, canals, streams, wooded areas, ponds, and cemeteries. | <input checked="" type="checkbox"/> |
| 8   | Approximate Flood Zone line and Base Flood Elevation as delineated on the "Flood Insurance Rate Maps/Study Currituck County."   | <input checked="" type="checkbox"/> |
| 9   | Approximate location of all designated Areas of Environmental Concern or other such areas which are environmentally sensitive on the property, such as Maritime Forest, CAMA, 404, or 401 wetlands as defined by the appropriate agency.  | <input checked="" type="checkbox"/> |
| 10  | Proposed zoning classification and intended use of all land and structures, including the number of residential units and the total square footage of any non-residential development.  | <input checked="" type="checkbox"/> |
| 11  | General areas in which structures will be located and the general location of parking, loading, and service areas.  | <input checked="" type="checkbox"/> |
| 12  | All existing and proposed points of access to public streets. General locations of new streets, driveways, and vehicular and pedestrian circulation features. Including streets, drives, loading and service areas, and parking layout.   | <input checked="" type="checkbox"/> |
| 13  | Approximate location of storm drainage patterns and facilities intended to serve the development.   | <input checked="" type="checkbox"/> |
| 14  | Proposed common areas, open space set-asides, anticipated landscape buffering (required by the Ordinance or proposed), and fences or walls (if proposed).   | <input checked="" type="checkbox"/> |
| 15  | Elevations and written descriptions of design elements of the proposed building(s) as seen from public streets, public parks, or adjacent lands containing single-family detached development.  | <input checked="" type="checkbox"/> |
| 16  | Proposed development schedule.  | <input checked="" type="checkbox"/> |

### Conditional Rezoning Submittal Checklist

Staff will use the following checklist to determine the completeness of your application within ten business days of submittal. Please make sure all of the listed items are included. Staff shall not process an application for further review until it is determined to be complete.

## Conditional Rezoning Submittal Checklist

Date Received: 12/11/2025

TRC Date: 1/14/2026

Project Name: Currituck Way

Applicant/Property Owner: Cheyney Cole/Currituck Way LLC (Jim Rose)

| Conditional Rezoning Submittal Checklist – Documents provided on USB flash drive or CD |   |                                     |
|--|---|-------------------------------------|
| 1  | Complete Conditional Rezoning application   | <input checked="" type="checkbox"/> |
| 2  | Community meeting written summary   | <input checked="" type="checkbox"/> |
| 3  | Conceptual development plan with all components of Conditional Rezoning Design Standards Checklist  | <input checked="" type="checkbox"/> |
| 4  | Architectural drawings and/or sketches of the proposed structures and written descriptions of design elements of the proposed building(s) | <input checked="" type="checkbox"/> |
| 5  | Application fee (\$300 plus \$7 for each acre and/or part of an acre)   | <input checked="" type="checkbox"/> |

### For Staff Only

#### Pre-application Conference

Pre-application Conference was held on \_\_\_\_\_ and the following people were present:

\_\_\_\_\_  
\_\_\_\_\_

#### Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# NORTH CAROLINA

## Department of the Secretary of State

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**To all whom these presents shall come, Greetings:**

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

### ARTICLES OF AMENDMENT

**OF**

**CURRITUCK WAY, LLC**

the original of which was filed in this office on the 28th day of September, 2020.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 28th day of September, 2020.

*Elaine F. Marshall*

**Secretary of State**

*State of North Carolina*  
*Department of the Secretary of State*

**Limited Liability Company**  
**AMENDMENT OF ARTICLES OF ORGANIZATION**

Pursuant to §57D-2-22 of the General Statutes of North Carolina, the undersigned limited liability company hereby submits the following Articles of Amendment for the purpose of amending its Articles of Organization.

1. The name of the limited liability company is: ITAC 423, LLC
2. The text of each amendment adopted is as follows (attach additional pages if necessary):  
The name of the limited liability company is hereby changed to:  
"Currituck Way, LLC".
3. (Check either a or b, whichever is applicable)  
A. ☐ The amendment(s) was (were) duly adopted by the majority vote of the organizers of the limited liability company prior to the identification of initial members of the limited liability company.  
B. ☒ The amendment(s) was (were) duly adopted by the unanimous vote of the members of the limited liability company or was (were) adopted as otherwise provided in the limited liability company's Articles of Organization or a written operating agreement.
4. These articles will be effective upon filing, unless a date and/or time is specified: \_\_\_\_\_

This the 31 day of July, 2020.

**ITAC 423, LLC**

*Name of Limited Liability Company*

*Signature*

by James M. Rose, Jr., for Wild Geese Estates, LLC, Manager

\_\_\_\_\_, Company Official  
*Type or Print Name and Title*

**NOTES:**

1. Filing fee is \$50. This document must be filed with the Secretary of State.

BUSINESS REGISTRATION DIVISION  
(Revised July 2017)

P. O. BOX 29622

RALEIGH, NC 27626-0622  
(Form L-17)