

Zoning Case No.: **W-3506**

Property Address: **409 and 437 Goldfloss Street**

Parcel Identification Number(s): **6834-65-0715,  
6834-55-9707, 6834-55-9756, 6834-65-2791**

*Hereinafter referred to as the "Property"*

**WRITTEN CONSENT TO CONDITIONS  
PURSUANT TO 160D-703**

1. I hereby certify that authority has been given to me, by all owners of the Property, to consent to the conditions of the special use district approval.
2. I hereby consent to the following conditions, as required by North Carolina General Statute 160D-703:
  - **PRIOR TO THE ISSUANCE OF GRADING PERMITS:**
    - a. Developer shall have a stormwater management study submitted for review by the City of Winston-Salem. If required, an engineered stormwater management plan shall be submitted and approved. Relocation or installation of any stormwater treatment device into any buffer areas, vegetation designated to remain, or near any adjacent residentially zoned land shall require a Staff Change approval at minimum and may require a Site Plan Amendment.
  - **PRIOR TO THE ISSUANCE OF BUILDING PERMITS:**
    - a. The proposed building plans shall be in substantial conformance with the submitted concept architectural materials as verified by Planning staff.
    - b. Proposed replacement parking must be included on the construction drawings for the building permit.
  - **PRIOR TO THE ISSUANCE OF OCCUPANCY PERMITS:**
    - a. Buildings shall be constructed in substantial conformance with the approved building concept architectural materials as verified by Planning staff.
    - b. Sidewalk shall be installed along Goldfloss Street with lateral connection(s) to the building.
    - c. The proposed six-foot vinyl coated fencing shall be installed as depicted on the approved site plan.
  - **OTHER REQUIEEMENTS:**
    - a. No electronic message signage shall be permitted along Vargrave Street or Glendale Street.

3. I acknowledge that this written consent is a condition precedent to placement of the Property into a special use district.

This the 20 day of December, 2021.

By: Hazel Mack  
Name: Hazel Mack  
Title: Chair Person  
Date: 12/20/2021

# Acknowledgement

STATE OF North Carolina

COUNTY OF Forsyth

I certify that Hazel Malle personally appeared before me this day, acknowledging to me that he or she signed the foregoing document: Written Consent to Conditions Pursuant to 1600-703  
Name or description of attached document

I further certify that (select one of the following identification options):

- I have personal knowledge of the identity of the principal(s)
- I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a NC DL.  
type of identification
- A credible witness, \_\_\_\_\_, has sworn or affirmed to me the  
name of credible witness  
identity of the principal, and that he or she is not a named party to the foregoing document, and has no interest in the transaction.

Date: 12/20/2021

  
Notary Public

Alexandria Moore  
Typed or Printed Notary Name

My commission expires: 06/17/2023

(Official Seal)

