

**OFFICIAL REZONING APPLICATION  
CITY OF CHARLOTTE**

FY2011 Petition #:	<u>13-43</u>
Date Filed:	<u>2-25-13</u>
Received By:	<u>[Signature]</u>

*Complete All Fields*

**OWNERSHIP INFORMATION:**

Property Owner: Novant Health, Inc. and Novant Properties LLC

Owner's Address: 2085 Frontis Plaza Bldg. City, State, Zip: Winston Salem, NC 27103

Date Property Acquired: various Utilities Provided: (Water) CMUD (Sewer) CMUD  
(CMUD, Private, Other) (CMUD, Private, Other)

LOCATION OF PROPERTY (Address or Description): All of the land bounded by, Queens Rd., 3<sup>rd</sup> St., 4<sup>th</sup> St., & Caswell Rd.

Tax Parcel Number(s): 15501301, 02, 04, 05, 07, 14, 15, and 16

Current Land Use: Medical buildings, surface parking, structured parking

Size (Sq.Ft. or Acres): Approx. 6.4 ac. +/-

**ZONING REQUEST:**

Existing Zoning: MUDD-O Proposed Zoning: MUDD-O SPA

Purpose of Zoning Change: *(Include the maximum # of residential units or non-residential square footages):*

To clarify and allow for the use of surface parking as an interim use until building development occurs and to modify the timing of certain improvements

Walter Fields  
Name of Agent

1919 South Blvd, Suite 101  
Agent's Address

Charlotte, NC 28203  
City, State, Zip

704-372-7855                      704-372-7856  
Telephone Number                      Fax Number

walter@walterfieldsgroup.com  
E-Mail Address

Signature of Property Owner if other than Petitioner

(Name Typed / Printed)

Novant Health, Inc.  
Name of Petitioner(s)

2085 Frontis Plaze Bldg.  
Address of Petitioner(s)

Winston Salem, NC 27103  
City, State, Zip

704-316-1987                      704-417-4455  
Telephone Number                      Fax Number

jgfiorenza@novanthealth.com  
E-Mail Address

[Signature]  
Signature

Joseph Fiorenza, Director of  
(Name Typed / Printed) Construction  
operations