

OFFICIAL REZONING APPLICATION CITY OF CHARLOTTE

FY2014

Petition #: 2014-0609

Date Filed: 4-28-14

Received By: SF [Signature]

Complete All Fields

OWNERSHIP INFORMATION:

Property Owner: Novant Health

Owner's Address: P.O. Box 33549

City, State, Zip: Charlotte, NC 28233

Date Property Acquired: 2007

Utilities Provided: (Water) CMUD

(Sewer) CMUD

(CMUD, Private, Other)

(CMUD, Private, Other)

LOCATION OF PROPERTY (Address or Description): On the northeast quadrant of the intersection of Albemarle Rd. and I-485.

Tax Parcel Number(s): 111-201-03

Current Land Use: Vacant

Size (Sq.Ft. or Acres): ±81.75 acres

ZONING REQUEST:

Existing Zoning: Inst. (CD) & B-1 (CD)

Proposed Zoning: O-2 (CD) & B-1 (CD) (SPA)

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

To allow the development of Medical Center with a hospital, medical office space and support retail and restaurant uses.

Jeff Brown/Keith MacVean

Name of Agent

Moore & Van Allen

100 N. Tryon Street, Suite 4700

Agent's Address

Charlotte, NC 28202

City, State, Zip

704-331-1144 (JB)

704-378-1925(JB)

704-331-3531(KM)

704-378-1954(KM)

Telephone Number

Fax Number

jeffbrown@mvalaw.com

keithmacvean@mvalaw.com

E-Mail Address

Signature of Property Owner if other than Petitioner

(Name Typed / Printed)

Novant Health; Attn: Matthew H. Stiene

Name of Petitioner(s)

P.O. Box 33549

Address of Petitioner(s)

Charlotte, NC 28233

City, State, Zip

704-316-4351

Telephone Number

Fax Number

mhstiene@novanthealth.org

E-Mail Address

See Attachment A

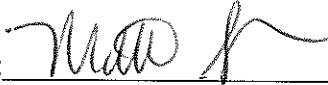
Signature

(Name Typed / Printed)

ATTACHMENT A

SIGNATURE OF PETITIONER – Novant Health

Novant Health

By: 
Name: MATTHEW STONE
Its: SR. DIRECTOR
Dated: 4-23-14