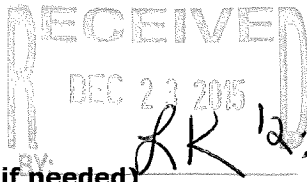


**I. REZONING APPLICATION
CITY OF CHARLOTTE**



Petition #: _____
Date Filed: 12/23/2015
Received By: BK

Complete All Fields (Use additional pages if needed)

Property Owner: 3410 Central Ave LLC

Owner's Address: 3410 Central Avenue City, State, Zip: Charlotte, NC 28205

Date Property Acquired: 03/09/2010

Property Address: 3410 Central Avenue

Tax Parcel Number(s): 12906215

Current Land Use: Dental Office Size (Acres): 0.436 acres

Existing Zoning: UR-C(CD) Proposed Zoning: UR-C(CD) SPA

Overlay: n/a (Specify PED, Watershed, Historic District, etc.)

Required Rezoning Pre-Application Meeting* with: Sonja Sanders (and East Service Area Staff)

Date of meeting: 9/21/2015

(*Rezoning applications will not be processed until a required pre-application meeting with a rezoning team member is held.)

For Conditional Rezoning Only:
Requesting a vesting period exceeding the 2 year minimum? Yes/No. Number of years (maximum of 5): _____
Purpose/description of Conditional Zoning Plan: To expand the existing Dental Office at 3410 Central Avenue.

Darrel Williams
Name of Rezoning Agent

1230 West Morehead, Suite 204
Agent's Address

Charlotte, NC 28208
City, State, Zip

704-374-0916 704-342-3808
Telephone Number Fax Number

darrel@neighboringconcepts.com
E-Mail Address

[Signature]
Signature of Property Owner

Dr. Michael Berglass, DDS
(Name Typed / Printed)

Dr. Michael Berglass, DDS
Name of Petitioner(s)

3410 Central Avenue
Address of Petitioner(s)

Charlotte, NC 28205
City, State, Zip

704-900-7301 _____
Telephone Number Fax Number

mberglass@gmail.com
E-Mail Address

[Signature]
Signature of Petitioner

Dr. Michael Berglass, DDS
(Name Typed / Printed)