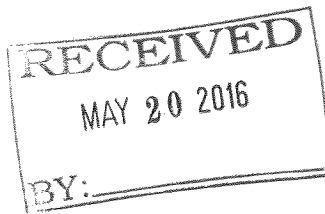


**I. REZONING APPLICATION
CITY OF CHARLOTTE**



2016-105

Petition #:	_____
Date Filed:	5/20/2016
Received By:	By _____

Complete All Fields (Use additional pages if needed)

Property Owner: Nicholas Markos Kontos

Owner's Address: 620 Queens Road, Apartment #8 City, State, Zip: Charlotte, NC 28207

Date Property Acquired: by will

Property Address: 620 Queens Road

Tax Parcel Number(s): 12524326 portion of

Current Land Use: Single family dwelling Size (Acres): .08 (portion of lot)

Existing Zoning: R-6 Proposed Zoning: R-22MF

Overlay: _____ (Specify PED, Watershed, Historic District, etc.)

Required Rezoning Pre-Application Meeting* with: Solomon Fortune

Date of meeting: 3-30-16

(*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: _____

Name of Rezoning Agent

Agent's Address

City, State, Zip

Telephone Number

Fax Number

E-Mail Address

Signature of Property Owner

(Name Typed / Printed)

Charlotte-Mecklenburg Planning Department
Name of Petitioner(s)

600 E. Fourth Street
Address of Petitioner(s)

Charlotte, NC 28202
City, State, Zip

704- 336-8326 704 336-5123
Telephone Number Fax Number

sfortune@charlottenc.gov
E-Mail Address

[Signature]
Signature of Petitioner

(Name Typed / Printed)