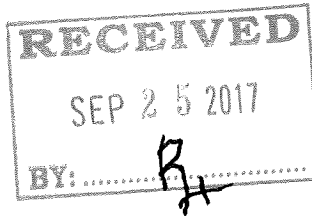


**I. REZONING APPLICATION
CITY OF CHARLOTTE**



2017-158

Petition #: _____
Date Filed: 9/25/2017
Received By: R/H

Complete All Fields (Use additional pages if needed)

Property Owner: Roman C Garcia

Owner's Address: 4816 William Caldwell Ave City, State, Zip: Charlotte NC 28213

Date Property Acquired: _____

Property Address: 13419 Albemarle Rd Charlotte NC

Tax Parcel Number(s): 11123806

Current Land Use: Vacant Size (Acres): 0.86 (1.58 Total)

Existing Zoning: R-12 MF Proposed Zoning: B2

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

Required Rezoning Pre-Application Meeting* with: Mandy Rosen

Date of meeting: 9-21-17

(*Rezoning applications will not be processed until a required pre-application meeting with a rezoning team 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: _____

Roman C Garcia
Name of Rezoning Agent

4816 William Caldwell Ave
Agent's Address

Charlotte NC 28213
City, State, Zip

704 904 4368 704 569 3469
Telephone Number Fax Number

garcia.lawn.services@hotmail.com
E-Mail Address

Signature of Property Owner

Roman C Garcia
(Name Typed / Printed)

Roman C Garcia
Name of Petitioner(s)

4816 William Caldwell Ave
Address of Petitioner(s)

Charlotte NC 28213
City, State, Zip

704 904 4368 704 569 3469
Telephone Number Fax Number

garcia.lawn.services@hotmail.com
E-Mail Address

Signature of Petitioner

Roman C Garcia
(Name Typed / Printed)