

**I. REZONING APPLICATION
CITY OF CHARLOTTE**

Petition #: _____
 Date Filed: 12-20-17
 Received By: [Signature]

Complete All Fields (Use additional pages if needed)

Property Owner: JAMES SCHAD
 Owner's Address: 6141 LAWSON LANE City, State, Zip: CHARLOTTE, NC 28215
 Date Property Acquired: 11/16/2015
 Property Address: 6121, 6129 Hickory Grove Rd. -AND- 6141 LAWSON LANE.
 Tax Parcel Number(s): 10731207, 10731206, 10731205, 10731203, 10731304
 Current Land Use: HOMES AND WAREHOUSE Size (Acres): ~~4.15~~ 4.15
 Existing Zoning: R-8 AND B-2(CD) Proposed Zoning: B2(C-D) + B2(CD) SPA
 Overlay: _____ (Specify PED, Watershed, Historic District, etc.)
 Required Rezoning Pre-Application Meeting* with: AMANDA VARI, SONJA SANDERS
 Date of meeting: 7/6/17

(*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): 5 yrs
 Purpose/description of Conditional Zoning Plan: TO UTILIZE MY EXISTING BUILDING FOR RESTAURANT EQUIPMENT SALES AND BE ABLE TO BUILD SOME FLEX SPACE FOR NEW SMALL BUSINESSES IN THE AREA.

 Name of Rezoning Agent

 Agent's Address

 City, State, Zip

 Telephone Number _____ Fax Number _____

 E-Mail Address

 Signature of Property Owner

 (Name Typed / Printed)

JAMES SCHAD

 Name of Petitioner(s)
6141 LAWSON LANE

 Address of Petitioner(s)
CHARLOTTE, NC 28215

 City, State, Zip
704-608-4885

 Telephone Number _____ Fax Number _____
jschadj@hotmail.com

 E-Mail Address
[Signature]

 Signature of Petitioner
JAMES SCHAD

 (Name Typed / Printed)