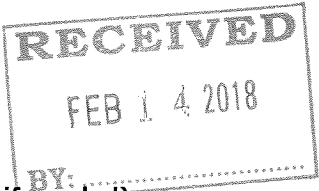


2018-019

**I. REZONING APPLICATION
CITY OF CHARLOTTE**



Petition #:	_____
Date Filed:	2/14/2018
Received By:	Bf

Complete All Fields (Use additional pages if needed)

Property Owner: Ricardo Torres

Owner's Address: _____ City, State, Zip: _____

Date Property Acquired: _____

Property Address: 3540 N. Sharon Amity Rd

Tax Parcel Number(s): 10301112

Current Land Use: OFFICE Size (Acres): .52 Ac

Existing Zoning: 0-1 (CD) Proposed Zoning: 0-1 (CD) SPA

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

Required Rezoning Pre-Application Meeting* with: Sonja Sanders, Mandy Rosen, Isaiah Washington
Date of meeting: 2/11/18

(*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: To replace existing building with a new structure. All other conditions of prior rezoning remain.

LUCIA GRIFFITH
Name of Rezoning Agent

224 W 10th St.
Agent's Address

Charlotte NC 28202
City, State, Zip

704 526 7600
Telephone Number Fax Number

lucia@metrolandmarks.com
E-Mail Address

[Signature]
Signature of Property Owner

Ricardo Torres
(Name Typed / Printed)

Ricardo Torres
Name of Petitioner(s)

Address of Petitioner(s)

City, State, Zip

Telephone Number Fax Number

E-Mail Address

[Signature]
Signature of Petitioner

Ricardo Torres
(Name Typed / Printed)