

**I. REZONING APPLICATION
CITY OF CHARLOTTE**

2019-077

Petition #:	_____
Date Filed:	<u>5/3/2019</u>
Received By:	<u>[Signature]</u>

Complete All Fields (Use additional pages if needed)

Property Owner: WPCP LP.

Owner's Address: Two Morrocroft Center, Suite 430 City, State, Zip: Charlotte, NC 28211

Date Property Acquired: 2017

Property Address: 4025 Yancey Dr.

Tax Parcel Number(s): 14902107

Current Land Use: Industrial Size (Acres): Approx. 5.1 ac. +/-

Existing Zoning: MUDD-O Proposed Zoning: MUDD-O SPA

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

Required Rezoning Pre-Application Meeting* with: Solomon Fortune, et. al.

Date of meeting: 3.13.19

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

For Conditional Rezonings Only:

Requesting a vesting period exceeding the 2 year minimum? Yes/**No**. Number of years (maximum of 5): _____

Purpose/description of Conditional Zoning Plan: Redevelop the existing industrial buildings and add new buildings for a mixture of retail, restaurant, hotel, and office uses for up to 195,000 sq. ft

Walter Fields
Name of Rezoning Agent

1919 South Blvd., Suite 101
Agent's Address

Charlotte, NC 28203
City, State, Zip

704-372-7855 704-372-7856
Telephone Number Fax Number

walter@walterfieldsgroup.com
E-Mail Address

Same as Petitioner
Signature of Property Owner

(Name Typed / Printed)

WPCP LP
Name of Petitioner(s)

Two Morrowcroft Center, Suite 310
Address of Petitioner(s)

Charlotte, NC 28211
City, State, Zip

704-412-7112 _____
Telephone Number Fax Number

jay@whitepointpartners.com
E-Mail Address

[Signature]
Signature of Petitioner

Jay Levell
(Name Typed / Printed)