OFFICIAL REZONING APPLICATION
CITY OF CHARLOTTE

Complete All Fields

OWNERSHIP INFORMATION:

Property Owner: __Michael T. Whitehead and Elizabeth M. Whitehead__

Owner's Address: ___5901 Sardis Road___ City, State, Zip: __Charlotte, NC 28270__

Date Property Acquired: __10-27-04__ Utilities Provided: __(Water) CMUD__ __(Sewer) CMUD__
(CMUD, Private, Other) *(CMUD, Private, Other)*

LOCATION OF PROPERTY (Address or Description): __5901 Sardis Road__

Tax Parcel Number(s): __18905464__

Current Land Use: __INST (CD) (Institutional, Conditional)__

Size (Sq.Ft. or Acres): __2.7__

ZONING REQUEST:

Existing Zoning: ____INST (CD)____ Proposed _Zoning: INST (CD) SPA_

Purpose of Zoning Change: *(Include the maximum # of residential units or non-residential square footages):*

__To remove prohibitions on weddings and wedding receptions from list of permitted uses__

Name of Agent

Michael T. Whitehead and Elizabeth M. Whitehead
Name of Petitioner(s)

Agent's Address

5901 Sardis Road
Address of Petitioner(s)

City, State, Zip

Charlotte, NC 28270
City, State, Zip

704-366-5335 (704)366-5665
Telephone Number **Fax Number** **Telephone Number** **Fax Number**
mike@whiteheadassociates.com
beth@whiteheadassociates.com

Telephone Number **Fax Number**

E-Mail Address

E-Mail Address
michaelTwhitehead

(signature)

Signature of Property Owner if other than Petitioner

Signature
Michael T Whitehead
Elizabeth M. Whitehead

(Name Typed / Printed)

(Name Typed / Printed)