## OFFICIAL REZONING APPLICATION CITY OF CHARLOTTE

Petition No.	2609-19
Date Filed:_	11/24/08
Received By	: MC

OWNERSHIP INFORMATION:		
Property Owner: Charlotte Mecklenburg Hospital Au	hority 11-24-08P04:27 RCVD 4	
Owner's Address: P. O. Box 32861, Charlotte, North Ca	rolina 28232	
Date Property Acquired: 2005	219-122-02; 219-122-03; 219-122-01; 219-121-05; 219-121-06; 219-121-07; 219-121-08 and Tax Parcel Number(s): 219-121-09	
Utilities Provided; (Water) CMUD	(Sewer) CMUD	
(CMUD, Private, Other)	(CMUD, Private, Other)	
LOCATION OF PROPERTY (Address or Description):	177: 1 dec (0: 1 c 1 D 1)	
Southwesterly corner of the intersection of Highway 49	and Highway 160 (Steele Creek Road)	
Size (Sq. Ft. or Acres): Approximately 16.3 acres		
Current Land Use: The previously approved medical	office facility is currently under construction.	
ZONING REQUEST:		
Existing Zoning: O-2(CD)	Proposed Zoning: O-2(CD) Site Plan Amendment	
Purpose of Site Plan Amendment: The site is currently zoned for a medical office facility including an emergency center. The purpose of this site plan amendment request is to accommodate a helipad on the medical campus in order to support emergency transportation needs of patients of the emergency center.		
I anna Cimena and	Carolinas Health Care System	
Laura Simmons Name of Agent	c/o Jeffrey Booker Names of Petitioners	
K & L Gates	Carolinas Health Care System	
Hearst Tower, 214 North Tryon Street, 47th Floor	P.O. Box 32861	
Charlotte, NC 28202	Charlotte, NC 28232	
Agent's Address (City, State, Zip)	Address of Petitioners (City, State, Zip)	
704-331-5784 704-353-3684	704-512-7585	
Telephone Number Fax Number	Telephone Number Fax Number	
Laura.simmons@klgates.com E-Mail Address	jeff.booker@carolinashealthcare.org	
Signature of Property Owner if other than Petitioner	E-Mail Address	