## I. REZONING APPLICATION CITY OF CHARLOTTE

	2019-033				
Name and Address of the Owner, where	Petition #:				
	Date Filed: 422/4	3/18 8+			
	Received By:				
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Complete All Fields (Use additional pages if needed)		·H		
Complete All Fields (Ose additional pages if fleeded)				
Property Owners: Novant Health, Inc.				
Owner's Address: 2085 Frontis Plaza Blvd	City, State, Zip Winston-Sa	llem NC 27103		
Date Property Acquired: March 8, 2019				
Property Address: +/-38 acres located at the southeast corner of Johnston Road & Providence Road West, Charlotte, NC				
Tax Parcel Number(s): 22314152, 22314154, 22314155, 22314153, 22314156, 22314157, and 22314158				
Current Land Use: Agriculture/Single Family/Vacant Size (	(Acres): Approx. 38 acres	·		
Existing Zoning: R-3	Proposed Zoning: <u>02-CD</u>			
Overlay: N/A	Tree Survey Provided: Yes:	XN/A:		
Required Rezoning Pre-Application Meeting* with: John Kinley				
Date of meeting: January 15, 2019				
(*Rezoning applications will not be processed until a required pre-application meeting with a rezoning team is held.)				
For Conditional Rezonings Only:				
For Conditional Rezonings Only:  Requesting a vesting period exceeding the 2 year minimum?	Yes. Number of years (maximum of	· 5):5		
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Requesting a vesting period exceeding the 2 year minimum?				
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Requesting a vesting period exceeding the 2 year minimum?  Purpose/description of Conditional Zoning Plan: Rezone for u				
Requesting a vesting period exceeding the 2 year minimum?  Purpose/description of Conditional Zoning Plan: Rezone for u  Johnston, Allison & Hord	se as medical office with Health instit	ution.		
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Requesting a vesting period exceeding the 2 year minimum?  Purpose/description of Conditional Zoning Plan: Rezone for u  Johnston, Allison & Hord  By: R. Susanne Todd/ William Isenhour  Name of Rezoning Agent	ise as medical office with Health instit	ution.		
Requesting a vesting period exceeding the 2 year minimum?  Purpose/description of Conditional Zoning Plan: Rezone for u  Johnston, Allison & Hord  By: R. Susanne Todd/ William Isenhour	Novant Health, Inc. Name of Petitioner(s)	ution.		
Requesting a vesting period exceeding the 2 year minimum?  Purpose/description of Conditional Zoning Plan: Rezone for u  Johnston, Allison & Hord  By: R. Susanne Todd/ William Isenhour  Name of Rezoning Agent  1065 East Morehead Street  Agent's Address	Novant Health, Inc. Name of Petitioner(s)  2085 Frontis Plaza Blvd	ution.		
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Requesting a vesting period exceeding the 2 year minimum?  Purpose/description of Conditional Zoning Plan: Rezone for u  Johnston, Allison & Hord  By: R. Susanne Todd/ William Isenhour  Name of Rezoning Agent  1065 East Morehead Street  Agent's Address  Charlotte, NC 28204	Novant Health, Inc. Name of Petitioner(s)  2085 Frontis Plaza Blvd Address of Petitioner(s)  Winston-Salem, NC 27103	ution.		
Requesting a vesting period exceeding the 2 year minimum?  Purpose/description of Conditional Zoning Plan: Rezone for u  Johnston, Allison & Hord  By: R. Susanne Todd/ William Isenhour  Name of Rezoning Agent  1065 East Morehead Street  Agent's Address  Charlotte, NC 28204  City, State, Zip	Novant Health, Inc.  Name of Petitioner(s)  2085 Frontis Plaza Blvd Address of Petitioner(s)  Winston-Salem, NC 27103 City, State, Zip	ution.		
Requesting a vesting period exceeding the 2 year minimum?  Purpose/description of Conditional Zoning Plan: Rezone for u  Johnston, Allison & Hord By: R. Susanne Todd/ William Isenhour  Name of Rezoning Agent  1065 East Morehead Street  Agent's Address  Charlotte, NC 28204  City, State, Zip  704-998-2306/ 704.998.2329  704-323-4506	Novant Health, Inc. Name of Petitioner(s)  2085 Frontis Plaza Blvd Address of Petitioner(s)  Winston-Salem, NC 27103 City, State, Zip 336-277-1056  Telephone Number	336-277-9712		

[SIGNATURES ON NEXT PAGE]

NOVANT HEALTH, INC.	NOVANT HEALTH, INC.
Signature of Property Owner(s)	almost 0/14
	Signature of Petitioner
David G. Park, Senior Vice President (Name Typed/Clearly Printed)	David G. Park, Senior Vice President (Name Typed/Clearly Printed)
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