I. REZONING APPLICATION
CITY OF CHARLOTTE

Complete All Fields (Use additional pages if needed)

Property Owners: Novant Health, Inc.

Owner's Address: 2085 Frontis Plaza Blvd   City, State, Zip Winston-Salem 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: 02-CD

Overlay: N/A   Tree Survey Provided: Yes:__X__N/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:

Requesting a vesting period exceeding the 2 year minimum? Yes. Number of years (maximum of 5): __5____

Purpose/description of Conditional Zoning Plan: Rezone for use as medical office with Health institution.

Johnston, Allison & Hord By: R. Susanne Todd/ William Isenhour Name of Rezoning Agent	_____Novant Health, Inc._____ Name of Petitioner(s)
1065 East Morehead Street Agent's Address	2085 Frontis Plaza Blvd Address of Petitioner(s)
Charlotte, NC 28204 City, State, Zip	Winston-Salem, NC 27103 City, State, Zip
704-998-2306/ 704.998.2329 704-323-4506 Telephone Number Fax Number	336-277-1056 336-277-9712 Telephone Number Fax Number
stodd@jahlaw.com/ wisenhour@jahlaw.com E-Mail Address	dgpark@novanthealth.org E-Mail Address

[SIGNATURES ON NEXT PAGE]

NOVANT HEALTH, INC.

_____
Signature of Property Owner(s)

David G. Park, Senior Vice President
(Name Typed/Clearly Printed)

NOVANT HEALTH, INC.

_____
Signature of Petitioner

David G. Park, Senior Vice President
(Name Typed/Clearly Printed)