Amended

I. REZONING APPLICATION CITY OF CHARLOTTE

(To Add Tax Parcel 11702221)

2	2019-109
Petition #:	
Date Filed:	1/12/2019
Received By:	Br
	• / (

1 of 6

Complete All Fields (Use additional pages if needed)

Property Owner: <u>See atachamen + .</u>

Owner's Address: See Atachane .	City, State, Zip:
Date Property Acquired: Sec Atachment	a constitution of the cons
Property Address: <u>See Atachment</u> .	
Tax Parcel Number(s):	
Current Land Use: A N .	Size (Acres): 8.15 ac (Total)
Existing Zoning: $R - ZZ MF$.	Proposed Zoning:
Overlay:	Tree Survey Provided: Yes:N/A:
Required Rezoning Pre-Application Meeting* with: Date of meeting: 2012013	Sulomon. fortul.
(*Rezoning applications will not be processed until a required	
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:	
4 /	. /
Mirram E Franco Name of Rezoning Agent	Miriam E. Franc D. Name of Petitioner(s)
4 /	Miriam E. Franc D. Name of Petitioner(s)
Miriam E Franco Name of Rezoning Agent 5144 Prestwakel Ln. Agent's Address	Miriam E. Franc D. Name of Petitioner(s)
Miniam E Franco Name of Rezoning Agent 5144 Prestwickel Liv. Agent's Address Charlotte 38312 City, State, Zin	Miriam E. Franco. Name of Petitioner(s) 5144 Prestwick La. Address of Petitioner(s) Chalotte 38212 City, State, Zip
Name of Rezoning Agent 5144 Presturkel Ln. Agent's Address Charlote 38312 City, State, Zip 704 615-4204. Telephone Number Fax Number	Miriam E. Franco. Name of Petitioner(s) 5144 Prestwick La: Address of Petitioner(s) Chalotte 38212 City, State, Zip TO4-615-4204 Telephone Number Fax Number
Name of Rezoning Agent S144 Prestwickel Lw. Agent's Address Charlotte 38319 City, State, Zip 704 615-4204. Telephone Number Fax Number	Miriam E. Franco. Name of Petitioner(s) 5144 Prestwick La: Address of Petitioner(s) Chalotte 38212 City, State, Zip TO4-615-4204 Telephone Number Fax Number
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Name of Rezoning Agent SIYY Prestuckel Liv. Agent's Address Charlote 38312 City, State, Zip TOY 615-4204. Telephone Number Fax Number Particle Address E-Mail Address See atachmen f Signature of Property Owner	Name of Petitioner(s) 5144 Prestwick La: Address of Petitioner(s) Chalotte 38212 City, State, Zip Toly-615-4204 Telephone Number Fax Number Mirram. @ 1974@ Icloud.com E-Mail Address Signature of Petitioner
Name of Rezoning Agent 5144 Prestwickel Liv. Agent's Address Charlote 38312 City, State, Zip 704 615-4204. Telephone Number Fax Number Participan & e. 1974 & 1 closed of the control of the contr	Miriam E. Franco. Name of Petitioner(s) 5144 Prestwick La. Address of Petitioner(s) Chalotte 38212 City, State, Zip 704-615-4204 Telephone Number Fax Number Miriam. @ 1974@ Icloud.com E-Mail Address Muny Lun

Petition #:
Date Filed:
Received By:

	Account By .
Complete All Fields (Use additional pages if needed)	2 of 6
Property Owner: Minam Franco, Dan	ny Ortiz.
Owner's Address: 5144 prohuice LNC	City, State, Zip: 28213
Date Property Acquired: 6/18/2018	
Property Address: 1705 Parker Dr	, charlotte 28208
Tax Parcel Number(s): 1170 Z Z Z	
Current Land Use:	Size (Acres):5 .000 AC
Existing Zoning: MF.	Proposed Zoning:
Overlay:	alomon fortine
(*Rezoning applications will not be processed until a required	d pre-application meeting with a rezoning team is held.)
Purpose/description of Conditional Zoning Plan:	
Name of Rezoning Agent	Name of Petitioner(s)
Agent's Address	Address of Petitioner(s)
City, State, Zip	City, State, Zip
Telephone Number Fax Number	Telephone Number Fax Number
E-Mail Address	E-Mail Address
Signature of Property Owner	Signature of Petitioner
Miriam Franco (Jane) (A)	(Name Typed / Printed)

Petition #:
Date Filed:
Received By:

3 of 6 Complete All Fields (Use additional pages if needed) Property Owner: Victor Manuel Guevar Owner's Address: 515 GREENWOOD DR City, State, Zip: CHARIOTTE NC 28217 Date Property Acquired: _____ Property Address: ____ Tax Parcel Number(s): 117022 20, 11701200 11702288 Size (Acres): _____2.23 Current Land Use: Existing Zoning: R-ZZ MF Proposed Zoning: T Z Tree Survey Provided: Yes:_____ N/A:__ Overlay: Required Rezoning Pre-Application Meeting* with: 2/2012019 Salomon furture. (*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/No. Number of years (maximum of 5): ______ Purpose/description of Conditional Zoning Plan: Name of Petitioner(s) Name of Rezoning Agent Address of Petitioner(s) Agent's Address City, State, Zip City, State, Zip Fax Number Telephone Number Fax Number Telephone Number E-Mail Address E-Mail Address Signature of Petitioner Signature of Property Owner VICTOR MANUEL GUEVARA (Name Typed / Printed) (Name Typed / Printed)

Petition #:
Date Filed:
Received By:

	Received By:
Complete All Fields (Use additional pages if needed)	4 of 6
Property Owner: Rosseline Och. Z.	
Owner's Address: 170/ Parker Do	City, State, Zip: CharloTTe 28212
Date Property Acquired: 12/2016	
Property Address: 1701 Parkertor.	charlotte 28212,
Tax Parcel Number(s): 11702235, 1170	2239
Current Land Use: Multy family	Size (Acres):
Existing Zoning:	Proposed Zoning:
Overlay:	Tree Survey Provided: Yes: N/A:
Required Rezoning Pre-Application Meeting* with:	Saloman forture.
(*Rezoning applications will not be processed until a require	d pre-application meeting with a rezoning team 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:	
Name of Rezoning Agent	Name of Petitioner(s)
Agent's Address	Address of Petitioner(s)
City, State, Zip	City, State, Zip
Telephone Number Fax Number	Telephone Number Fax Number
E-Mail Address	E-Mail Address
Parelin Clarabeth Itis	
Signature of Property Swner	Signature of Petitioner
Rosseline Clizabeth Ortiz	(Name Typed / Printed)
(Name Typed / Printed)	

Petition #:	
Date Filed:	
Received By:	

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Complete	All	Fields	(Use	additional	pages	if	needed)

Property Owner: Danny Ort. Z	
/	City, State, Zip: Charlo TTE 98313
Date Property Acquired: 3/22/2019	
Property Address:	
Tax Parcel Number(s): // 7 0 22/7	
Current Land Use: molly family	Size (Acres): 0.260 G;'s Calc.
Overlay:	Tree Survey Provided: Yes: N/A
Required Rezoning Pre-Application Meeting* with: Date of meeting: <i>2/10/1</i> 2の19	Tree Survey Provided: Yes:
(*Rezoning applications will not be processed until a requ	ired pre-application meeting with a rezoning team is held.)
For Conditional Rezonings Only:	
Requesting a vesting period exceeding the 2 year minim	um? Yes/No. Number of years (maximum of 5):
Purpose/description of Conditional Zoning Plan:	
Name of Rezoning Agent	Name of Petitioner(s)
Agent's Address	Address of Petitioner(s)
City, State, Zip	City, State, Zip
	Tou Number
Telephone Number Fax Number	Telephone Number Fax Number
E-Mail Address	E-Mail Address
Dans Oss	
Signature of Property Owner	Signature of Petitioner
Dans Off	·
Name Typed / Printed)	(Name Typed / Printed)

Petition #: 2019 - 10 9.	Canal State of the last
Date Filed:	Annual Property and Personal Property and Pe
Received By:	AT-

	6 of 6
Complete All Fields (Use additional pages if needed)	
Property Owner: Jamy W. Thoras, Glam W	1. throw Trust, Alan Withour
Owner's Address: G637 Coliston Ct	City, State, Zip: Cladotte de 28210
Date Property Acquired: 11 (27/1994	
Property Address: Parker DT	
Tax Parcel Number(s): 117 022 31	
Current Land Use: <u>vacant land</u>	Size (Acres): <u>0, 177</u>
Existing Zoning: R-22 MF	Proposed Zoning: 8-I-2
Overlay:	Tree Survey Provided: Yes: N/A:
Required Rezoning Pre-Application Meeting* with:	- Graw / Salomon fortine
(*Rezoning applications will not be processed until a required	pre-application meeting with a rezoning team is held.)
Requesting a vesting period exceeding the 2 year minimum? Purpose/description of Conditional Zoning Plan:	
Mir.am Franco Name of Rezoning Agent	Name of Petitioner(s)
5144 Past-WICK LN. Agent's Address (hailotte 39219.	Address of Petitioner(s)
(Nailo Tle 39519.) City, State, Zip 704-615-4204 Telephone Number Fax Number	City, State, Zip
Telephone Number Fax Number	Telephone Number Fax Number
E-Mail Address Lewn Mthow Trustee Signature of Property Owner	E-Mail Address
Signature of Property Owner	Signature of Petitioner
Glenn Withness, Trustee	
(Name Typed / Printed)	(Name Typed / Printed)