I. REZONING APPLICATION
CITY OF CHARLOTTE

Complete All Fields (Use additional pages if needed)

Property Owner: _650 South Tryon Development LLC_

Owner's Address: _4725 Piedmont Row Dr, Suite 800_   City, State, Zip: _Charlotte, NC 28210_

Date Property Acquired: _10/17/2018_

Property Address: _600 S Tryon Street_

Tax Parcel Number(s): _073-032-06_

Current Land Use: _Vacant/Graded_   Size (Acres): _+/- 0.644 acres_

Existing Zoning: _U-MUD(O)_   Proposed Zoning: _U-MUD(O) SPA_

Overlay: _None_   Tree Survey Provided: Yes:____ N/A:_x_

Required Rezoning Pre-Application Meeting* with: _Solomon Fortune_
Date of meeting: _9/4/2019_

(*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/No. Number of years (maximum of 5): _No._

Purpose/description of Conditional Zoning Plan: _To add an optional provision to modify the setback and streetscape to allow a valet drop off area._

Collin Brown & Brittany Lins
Name of Rezoning Agent

1420 E. 7th Street, Suite 100
Agent's Address

Charlotte, NC 28204
City, State, Zip

704-200-2637
Telephone Number   Fax Number
Collin.Brown@alexanderricks.com /
Brittany.Lins@alexanderricks.com
E-Mail Address

~~Same as Petitioner~~
Signature of Property Owner
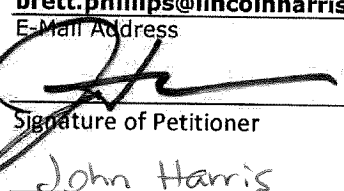

(Name Typed / Printed)

650 South Tryon Development LLC
Name of Petitioner(s)

4725 Piedmont Row Drive, Suite 800
Address of Petitioner(s)

Charlotte, NC 28210
City, State, Zip

704-714-7600   **704-716-8600**
Telephone Number   Fax Number

brett.phillips@lincolnharris.com
E-Mail Address

John Harris
Signature of Petitioner

John Harris
(Name Typed / Printed)