

**I. REZONING APPLICATION
CITY OF CHARLOTTE**

Petition #:	_____
Date Filed:	_____
Received By:	_____

Complete All Fields (Use additional pages if needed)

Property Owner: Belmont CDC, Bruce Wright

Owner's Address: PO BOX 33051 City, State, Zip: Charlotte, NC 28233

Date Property Acquired: 1727 Pegasus St., 04/13/11 / 1118 Parkwood Ave. 1984

Property Address: 1118 Parkwood Avenue

Tax Parcel Number(s): 08114708, 08114709

Current Land Use: Vacant Size (Acres): 0.52

Existing Zoning: R-5 Proposed Zoning: UR-3 (CD)

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

Required Rezoning Pre-Application Meeting* with: William Linville
Date of meeting: September 19, 2019

(*Rezoning applications will not be processed until a required pre-application meeting with a rezoning team is held.)

For Conditional Rezoning Only:
Requesting a vesting period exceeding the 2 year minimum? Yes/No. Number of years (maximum of 5): <u>N/A</u>
Purpose/description of Conditional Zoning Plan: <u>Development of three-story 17 unit apartment building.</u>

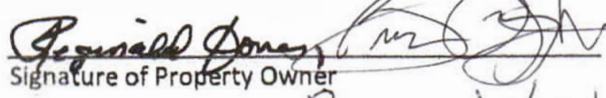
Jason Dolan
Name of Rezoning Agent

610 East Morehead Street, Suite 250
Agent's Address

Charlotte, North Carolina 28202
City, State, Zip

704-900-4945 _____
Telephone Number Fax Number

Jason.dolan@timmons.com
E-Mail Address


Signature of Property Owner

Reginald Jones, Bruce Wright
(Name Typed / Printed)


Parkwood Plaza, LLC
Name of Petitioner(s)

PO Box 33051
Address of Petitioner(s)

Charlotte, NC 28233-3051
City, State, Zip

704.335.0450 704.332.6929
Telephone Number Fax Number

rjones_belmont@bellsouth.net
E-Mail Address


Signature of Petitioner

Reginald Jones
(Name Typed / Printed)