

Petition #: 2019-113

Petitioner: The Charlotte-Mecklenburg Hospital Authority

AN ORDINANCE AMENDING APPENDIX A
OF THE CITY CODE – ZONING ORDINANCE

ORDINANCE NO. _____

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHARLOTTE:

Section 1. Appendix A, “Zoning” of the Code of the City of Charlotte is hereby amended as follows:

A. CHAPTER 9: GENERAL DISTRICTS

1. PART 1: TABLE OF USES AND HIERARCHY OF DISTRICTS

- a. Amend Table 9.101 by adding “Helistops, limited” in alphabetical order as a use allowed with prescribed conditions in the MUDD zoning district under the “Accessory Uses & Structures” header.

ACCESSORY USES & STRUCTURES			
	MUDD		
<u>Helistops, limited</u>	PC		

2. PART 8.5: MIXED USE DEVELOPMENT DISTRICT

- a. Amend 9.8504, “Mixed Use Development District; accessory uses” by adding “Helistops, limited”, as an accessory use, with prescribed conditions to this Section. The new entry shall read as follows:

Helistops, limited, subject to the regulations of Section 12.415.

B. CHAPTER 12: DEVELOPMENT STANDARDS OF GENERAL APPLICABILITY

1. PART 4: ACCESSORY USES AND STRUCTURES

- a. Amend 12.415, “Helistops, limited” by adding MUDD as a zoning district in which helistops, limited are permitted as an accessory use. The revised Section 12.415 shall read as follows:

A helistop, limited shall be permitted as an accessory use only in the O-1, O-2, O-3, INST, RE-1, RE-2, RE-3, B-2, B-D, BP, MUDD, UMUD, CC, U-I, I-1, and I-2 districts provided it complies with all applicable Federal Aviation Administration regulations.

Section 2. That this ordinance shall become effective upon its adoption

Approved as to form:

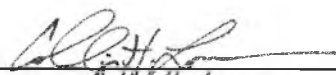
City Attorney

I, _____ City Clerk of the City of Charlotte, North Carolina, DO HEREBY CERTIFY that the foregoing is a true and exact copy of an Ordinance adopted by the City Council of the City of Charlotte, North Carolina, in regular session convened on the ____ day of _____, 20__, the reference having been made in Minute Book _____, and recorded in full in Ordinance Book _____, Page(s)_____.

WITNESS my hand and the corporate seal of the City of Charlotte, North Carolina, this the ____ day of _____, 20__.

Signature of Petitioner

THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY

By: 
Name: Colleen H. Lane
Title: SVP

Date: June 28, 2019