

**I. REZONING APPLICATION  
CITY OF CHARLOTTE**

9415

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

**Complete All Fields (Use additional pages if needed)**

Property Owner: 1415 LLC

Owner's Address: PO Box 49247 City, State, Zip: Charlotte, NC 28277

Date Property Acquired: 2000

Property Address: 1415 S Church St. Charlotte, NC 28203

Tax Parcel Number(s): 07309107

Current Land Use: Office Size (Acres): 1.89

Existing Zoning: MUDD-O Proposed Zoning: TODD-UC

Overlay: \_\_\_\_\_ Tree Survey Provided: Yes: \_\_\_\_\_ N/A: X

Required Rezoning Pre-Application Meeting\* with: completed

Date of meeting: 1/15/2019

(\*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): \_\_\_\_\_

Purpose/description of Conditional Zoning Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

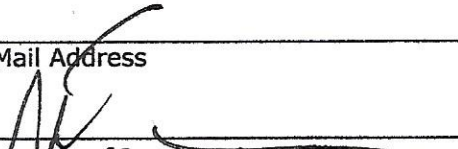
\_\_\_\_\_  
Name of Rezoning Agent

\_\_\_\_\_  
Agent's Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number                      Fax Number

\_\_\_\_\_  
E-Mail Address

  
Signature of Property Owner

Nolan Elenz  
(Name Typed / Printed)

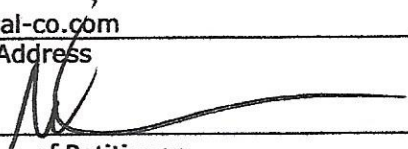
Nolan Elenz  
Name of Petitioner(s)

PO Box 49247  
Address of Petitioner(s)

Charlotte, NC 28277  
City, State, Zip

704-377-9592  
Telephone Number                      Fax Number

cc@royal-co.com  
E-Mail Address

  
Signature of Petitioner

Nolan Elenz  
(Name Typed / Printed)