

I. REZONING APPLICATION CITY OF CHARLOTTE

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

Complete All Fields (Use additional pages if needed)

Property Owner: Genesis Holding LLC

Owner's Address: PO Box 2065 City, State, Zip: Matthews, NC 28106

Date Property Acquired: 2003

Property Address: 721 W Sugarcreek Rd. Charlotte, NC 28213

Tax Parcel Number(s): 08705748

Current Land Use: Medical Office Size (Acres): 3.110

Existing Zoning: INST (CD) Proposed Zoning: _____

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

Required Rezoning Pre-Application Meeting* with: Soloman Fortune

Date of meeting: November 13, 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: _____

Genesis Holding LLC
 Name of Rezoning Agent

PO Box 2065
 Agent's Address

Matthew, NC 28106
 City, State, Zip

704-975-6001
 Telephone Number Fax Number

 E-Mail Address

[Signature]
 Signature of Property Owner

Folashade M Uwensuyi - Edosomwan
 (Name Typed / Printed)

The Creek Kids Zone
 Name of Petitioner(s)

721 W. Sugarcreek Rd
 Address of Petitioner(s)

Charlotte, NC 28213
 City, State, Zip

704-940-5505
 Telephone Number Fax Number

creekkidszone@gmail.com
 E-Mail Address

[Signature]
 Signature of Petitioner

STEPHANIE DALKER
 (Name Typed / Printed)