

OFFICIAL REZONING APPLICATION CITY OF CHARLOTTE

PROP. Owners' Signature

Petition #:	<u>2000-58</u>
Date Filed:	_____
Received By:	_____

OWNERSHIP INFORMATION:

Property Owner: GOV H. HIGGINS

Owner's Address: 1532 EAST MOLEHEAD ST. CHARLOTTE NC 28207

Date Property Acquired: — Tax Parcel Number(s): 15303313

LOCATION OF PROPERTY (Address or Description):

1532 EAST MOLEHEAD ST

Single Family Home used as dental office

Size (Sq. Ft. or Acres): .517 Street Frontage (Ft.): 100 FT

Current Land Use: DENTAL OFFICE

ZONING REQUEST:

Existing Zoning: O2 Proposed Zoning: MUDD

Purpose of Zoning Change: To accommodate new medical office building

Name of Agent _____

Agent's Address _____

Telephone Number _____ Fax Number _____

* X Gov H. Higgins 9/14/99
Signature of Property Owner if other than Petitioner

RICHTER & ASSOCIATES
% DENNIS RICHTER

Name of Petitioner(s)

6201 FAIRVIEW RD SUITE 200
CHARLOTTE, NC 28210

Address of Petitioner(s)

(704) 333-2262 (704) 333-4199
Telephone Number Fax Number

[Signature]
Signature