

INITIAL ZONING
OFFICIAL REZONING APPLICATION
CITY OF CHARLOTTE

FY2002
Petition #: 01-133
Date Filed: 07-30-01
Received By: [Signature]

OWNERSHIP INFORMATION:

SEE ATTACHMENTS PERTAINING TO COVERAGE OF CITY'S ZONING ORDINANCE TO
Property Owner: CERTAIN EXTRATERRITORIAL AREAS

Owner's Address: _____ City, State, Zip: _____

Date Property Acquired: _____ Utilities Provided: (Water) _____ (Sewer) _____
(CMUD, Private, Other) (CMUD, Private, Other)

LOCATION OF PROPERTY (Address or Description): SEE ATTACHED MAP & DESCRIPTION

Tax Parcel Number(s): _____

Current Land Use: USES ARE IN ACCORDANCE WITH COUNTY ZONING MAPS & COUNTY ZONING.

Size (Sq.Ft. or Acres): 61 SQUARE MILES

ZONING REQUEST:

Existing Zoning: COUNTY ZONING MAPS Proposed Zoning: SEE BELOW

Purpose of Zoning Change: (Include the maximum # of residential units or non-residential square footages):
UPON THE EFFECTIVE DATE OF THIS ORDINANCE, THE CITY PROPOSES TO ESTABLISH FOR INITIAL CITY ZONING UPON CITY ZONING MAPS THE SAME ZONING DISTRICTS AS SHOWN ON THE COUNTY ZONING MAPS, SUBJECT TO ACTION OF CITY COUNCIL. (1) TO TRANSFER ZONING AUTHORITY FROM THE COUNTY TO THE CITY; (2) TO AMEND THE CITY ZONING MAPS W/RESPECT TO THOSE EXTRATERRITORIAL AREAS, AND (3) TO ESTABLISH THE INITIAL CITY ZONING CLASSIFICATION FOR PROPERTIES IN THOSE AREAS.

Name of Agent _____

Agent's Address _____

City, State, Zip _____

Telephone Number _____ Fax Number _____

E-Mail Address _____

Signature of Property Owner if other than Petitioner _____

CITY COUNCIL - CITY OF CHARLOTTE
Name of Petitioner(s)

600 E. 4th STREET
Address of Petitioner(s)

CHARLOTTE, NC. 28202
City, State, Zip

Telephone Number _____ Fax Number _____

E-Mail Address _____

[Signature]
Signature

INITIAL ZONING
~~REZONING~~ APPLICATION
CITY OF CHARLOTTE

October Public Hearing

FY2002
Petition #: 01-133
Date Filed: 07-30-01
Received By: _____

OWNERSHIP INFORMATION:

See attachments pertaining to coverage of City's Zoning Ordinance to certain extraterritorial areas and to establish initial City Watershed Overlay Districts.

Property Owner: _____
Owner's Address: _____ City, State, Zip: _____

Date Property Acquired: _____ Utilities Provided: (Water) _____ (Sewer) _____
(CMUD, Private, Other) (CMUD, Private, Other)

LOCATION OF PROPERTY (Address or Description): See attached map and description.

Tax Parcel Number(s): _____

Current Land Use: Uses are in accordance with County Zoning Maps and County Zoning.

Size (Sq.Ft. or Acres): 61 square miles

ZONING REQUEST:

Existing Zoning: County Zoning Maps Proposed Zoning: Initial City Zoning

Purpose of Zoning Change: (Include the maximum # of residential units or non-residential square footages):
See the attachment.

Name of Agent

Agent's Address

City, State, Zip

Telephone Number Fax Number

E-Mail Address

Signature of Property Owner if other than Petitioner

City Council of City of Charlotte

Name of Petitioner(s)

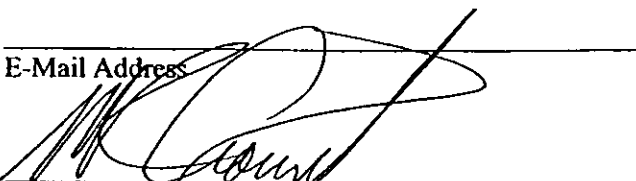
600 E. Fourth Street
Charlotte, NC 28202

Address of Petitioner(s)

City, State, Zip

Telephone Number Fax Number

E-Mail Address



Signature

Martin R. Cramton, Jr., KBE
Charlotte-Mecklenburg Planning Comm.