OFFICIALREZONINGAPPLICATION CITYOFCHARLOTTE

FY2004 Petition#:	2003-103
DateFiled:	07-25-03
ReceivedBy:	<i>M</i>

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OWNERSHIPINFORMAT	TON:		
PropertyOwner: Charlotte M	Mecklenburg Hospital Authority		
Owner's Address: PO Box 32	861	City,State,Zip:	Charlotte, NC 28232
DatePropertyAcquired: _19		:(Water) CMUD fUD.Private,Other)	(Sewer) CMUD (CMUD,Private,Other)
LOCATIONOFPROPERT	Y (AddressorDescription)	5151 Sardis Road Charlo	rtte, NC 28270
TaxParcelNumber(s): _185	12116		
CurrentLandUse: _Nursing H	dome		
Size(Sq.Ft.orAcres): 43,0	000SF (existing facility) / 5 AC sit	e 5 acres	
ZONINGREQUEST:			
ExistingZoning: R12-MF	00	ProposedZoning:	R12-MF CD (Site Plan Amendment)
PurposeofZoningChange:(Inc	cludethemaximum#ofresidential	unitsornon-residentials	quarefootages):
The existing facility is currently 43,0	00SF. We are proposing a 8,50	OSF addition to provide needed	Administrative, Storage, and Therapy spaces.
The current bed count within the fac	cility is 125. No additional beds v	vill be provided. One licensed	bed will be removed to provide more open, communal
space for residents. Parking remain	ns more than adequate for the fa	cility. We are proposing a Site	Plan Amendment to allow for this expansion.
Richard D. Mack AlA		Marie	The to an accident
NameofAgent			eth Cymanius oner(s) HEAVTHCANE SYSTEM
PO Box 1029		CAROLINAS P.O. BOX	HEAUTHCAME JYSTEN
Agent'sAddress		AddressofPetition	oer(s)
Davidson, NC 28036		CHARLOTT	t NC 28232
City,State,Zip		City, State, Zip	C0 (3 C
704.987.9727	704.987.9722	724.697-73	09 704 - 697.7002
TelephoneNumber	FaxNumber	784.697-73 TelephoneNumber	704 - 697 - 700 2 FaxNumber
rdmgroup@rdmgroup.net		Maryke	Kitzani Antion O CARNINIS
E-MailAddress		E-MailAddress	HEALTHEARE. ORG.
SignatureofPropertyOwnerifo	therthanPetitioner	Signature	

Signature

MARY BETH KUZMANOVICH