

OFFICIAL REZONING APPLICATION CITY OF CHARLOTTE

FY2008
Petition #: <u>2008-117</u>
Date Filed: <u>6-1-08</u>
Received By: <u>SF</u>

Complete All Fields

OWNERSHIP INFORMATION:

Property Owner: See Exhibit A Attached

See Exhibit A Attached

See Exhibit A Attached

Owner's Address:

City, State, Zip:

Date Property Acquired: See Exhibit A attached

Utilities Provided: (Water) CMUD
(CMUD, Private, Other)

(Sewer) CMUD
(CMUD, Private, Other)

LOCATION OF PROPERTY (Address or Description): 1735 Toddville Road

Tax Parcel Number(s): a portion of parcel ~~059-104-20~~ the entire parcel ~~059-104-10~~ 059-104-20

Current Land Use: Nursing home and vacant.

Size (Sq.Ft. or Acres): Approximately 9 acres

ZONING REQUEST:

Existing Zoning: R-3, R-17MF and R-9MF(CD) (LLWPA) Proposed Zoning: Institutional (CD) (LLWPA)

Purpose of Zoning Change: *(Include the maximum # of residential units or non-residential square footages):* The purpose of this rezoning application is to accommodate the expansion of an existing skilled nursing facility in order to add approximately 25,000 square feet which will allow 60 additional beds and a state-of-the-art rehabilitation facility.

John H. Carmichael/Collin W. Brown
Kennedy Covington Lobdell & Hickman, L.L.P.

Name of Agent

Medical Facilities of North Carolina, Inc.
c/o Andy Kelderhouse

Name of Petitioner(s)

214 N. Tryon Street, 47th Floor
Agent's Address

P. O. Box 20069
Address of Petitioner(s)

Charlotte, NC 28202
City, State, Zip

Roanoke, Virginia 24018-0503
City, State, Zip

(704) 331-7509 (JHC) (704) 353-3209
(704) 331-7531 (CWB) (704) 353-3231
Telephone Number Fax Number

540-774-4415 540-774-9328
Telephone Number Fax Number

jcarmichael@kennedycovington.com
cwbrown@kennedycovington.com
E-Mail Address

andyke@fwinc.com
E-Mail Address

See attached Joinders
Signature of Property Owner if other than Petitioner

Medical Facilities of North Carolina, Inc.

By: Novel Martin
Name: Novel Martin
Title: CFO & Treasurer