OFFICIAL REZONING APPLICATION CITY OF CHARLOTTE

Complete All Fields

FY2009 Petition #:	2008-148
Date Filed:	9-5-08
Received By:	SF

OWNERSHIP INFORMATION:	
Property Owner: McLeod Addictive Disease Center	· · · · · · · · · · · · · · · · · · ·
Owner's Address: 145 Remount Road	City, State, Zip: Charlotte, NC 28203
Date Property Acquired: 3/4/83 Utilities Pr	rovided: (Water) CMUD (Sewer) CMUD (CMUD, Private, Other) (CMUD, Private, Other)
OCATION OF PROPERTY (Address or Description): Ma	Leod Addictive Disease Center/ 145 Remount Road
ax Parcel Number(s): 14701720, 14701186, 14701184	
urrent Land Use: Business/ Govt-Inst	
ize (Sq.Ft. or Acres): 34,925 parcel 1 sq. ft./ 8,125 pare	col 2 sq. ft./8.125 parcel 3 sq. ft. 3.49 Acres
ONING REQUEST:	
xisting Zoning: B-2 / 1-2	Proposed Zoning: (Each Parcel) TOD-M
urpose of Zoning Change: (Include the maximum # of residentic	al units or non-residential square footages):
amie Allmon	Charlotte Mecklenburg Planning Commission
lame of Agent	Name of Petitioner(s)
145 Remount Road	600 E Fourth Street, 8th Floor
gent's Address	Address of Petitioner(s)
harlotte, North Carolina 28203	Charlotte, North Carolina 28202-2853
ity, State, Zip	City, State, Zip
04-332-9001 ext 2257	704-336-2205
elephone Number Fax Number	Telephone Number Fax Number
G-Mail Address	E-Mail Address
Signature of Property Owner if other than Petitioner	Signature
S. Eugene Hall	