

**OFFICIAL REZONING APPLICATION
CITY OF CHARLOTTE**

FY2014
Petition #: 2014-0609
Date Filed: 4-28-14
Received By: SF [Signature]

Complete All Fields

OWNERSHIP INFORMATION:

Property Owner: Novant Health

Owner's Address: P.O. Box 33549 City, State, Zip: Charlotte, NC 28233

Date Property Acquired: 2007 Utilities Provided: (Water) CMUD (Sewer) CMUD
(CMUD, Private, Other) (CMUD, Private, Other)

LOCATION OF PROPERTY (Address or Description): On the northeast quadrant of the intersection of Albemarle Rd. and I-485.

Tax Parcel Number(s): 111-201-03

Current Land Use: Vacant

Size (Sq.Ft. or Acres): +81.75 acres

ZONING REQUEST:

Existing Zoning: Inst. (CD) & B-1 (CD) Proposed Zoning: O-2 (CD) & B-1 (CD) (SPA)

Purpose of Zoning Charge: *(Include the maximum # of residential units or non-residential square footages):*

To allow the development of Medical Center with a hospital, medical office space and support retail and restaurant uses.

Jeff Brown/Keith MacVean
Name of Agent
Moore & Van Allen
100 N. Tryon Street, Suite 4700
Agent's Address
Charlotte, NC 28202
City, State, Zip
704-331-1144 (JB) 704-378-1925(JB)
704-331-3531(KM) 704-378-1954(KM)
Telephone Number Fax Number
jeffbrown@mvalaw.com
keithmacvean@mvalaw.com
E-Mail Address

Novant Health; Attn: Matthew H. Stiene
Name of Petitioner(s)
P.O. Box 33549
Address of Petitioner(s)
Charlotte, NC 28233
City, State, Zip
704-316-4351
Telephone Number Fax Number
mhstiene@novanthealth.org
E-Mail Address

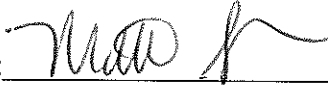
Signature of Property Owner if other than Petitioner
(Name Typed / Printed)

See Attachment A
Signature
(Name Typed / Printed)

ATTACHMENT A

SIGNATURE OF PETITIONER – Novant Health

Novant Health

By: 
Name: MATTHEW STONE
Its: SR. DIRECTOR
Dated: 4-23-14