

Petition #: 2016-037

Date Originally Filed: 12/23/2015

Date Amended: _____

Received By: _____

AMENDED
REZONING APPLICATION
CITY OF CHARLOTTE

Complete All Fields
(Use additional pages if needed)

Please indicate reason for amended application (i.e. change in acreage, ownership, proposed district, etc.):

To amend the district proposed from UR-C (CD) SPA to NS in order to allow a detached sign up to 7'-0" height with a 21 square foot face of sign.

For Conditional Rezoning Only:

Requesting a vesting period exceeding the 2 year minimum? Yes No Number of years (maximum of 5): _____

Property Owner 3410 Central Ave LLC

Owner's Address: 3410 Central Avenue City, State, Zip: Charlotte, NC 28205

Date Property Acquired: 03/09/2010

Location of Property (Address or Description): 3410 Central Avenue

Tax Parcel Number(s): 12906215

Current Land Use: Dental Office Size (Acres): 0.436 acres

Existing Zoning: UR-C (CD) Proposed Zoning: NS

Overlay: n/a (Specify PED, Watershed, Historic District, etc.)


Darrel Williams
Name of Rezoning Agent

1230 West Morehead, Suite 204
Agent's Address

Charlotte, NC 28208
City, State, Zip

704-374-0916 704-342-3808
Telephone Number Fax Number

darrel@neighboringconcepts.com
E-Mail Address


Signature of Property Owner(s)

Dr. Michael Berglass, DDS
(Name Typed/Clearly Printed)

Dr. Michael Berglass, DDS
Name of Petitioner(s)

3410 Central Avenue
Address of Petitioner(s)

Charlotte, NC 28205
City, State, Zip

704-900-7301 _____
Telephone Number Fax Number

mberglass@gmail.com
E-Mail Address


Signature of Petitioner

Dr. Michael Berglass, DDS
(Name Typed/Clearly Printed)