

**I. REZONING APPLICATION
CITY OF CHARLOTTE**

Petition #:	_____
Date Filed:	_____
Received By:	_____

Complete All Fields (Use additional pages if needed)

Property Owner: ALDRSGATE UNITED METHODIST RETIREMENT COMMUNITY, INC.

Owner's Address: 3800 SHAMROCK DRIVE City, State, Zip: CHARLOTTE, NC 28215

Date Property Acquired: 1947

Property Address: 3800 SHAMROCK DRIVE

Tax Parcel Number(s): 10102101(PORTION) and 10102107, AND 10102108 (PORTION)

Current Land Use: CONTINUING CARE RETIREMENT COMMUNITY Size (Acres): 91.31 ACRES

Existing Zoning: INST(CD) Proposed Zoning: INST(CD) SPA

Overlay: N/A (Specify PED, Watershed, Historic District, etc.)

Required Rezoning Pre-Application Meeting* with: SONJA SANDERS, AMANDA VARI
Date of meeting: 1/14/2016

(*Rezoning applications will not be processed until a required pre-application meeting with a rezoning team member is held.)

For Conditional Rezonings Only:
Requesting a vesting period exceeding the 2 year minimum? Yes/ No . Number of years (maximum of 5): _____
Purpose/description of Conditional Zoning Plan: <u>MODIFICATION OF THE 2014-067 APPROVED REZONING TO ALLOW HOSPICE & DIALYSIS USES TO SERVE THE PUBLIC IN ADDITION TO CCRC RESIDENTS.</u>

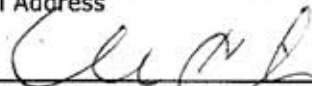
MATT LANGSTON, (LANDWORKS DESIGN GROUP, PA)
Name of Rezoning Agent

7621 LITTLE AVENUE, SUITE 111
Agent's Address

CHARLOTTE, NC 28226
City, State, Zip

704-841-1604 X 701 704-841-1604
Telephone Number Fax Number

MLANGSTON@LANDWORKSPA.COM
E-Mail Address

 2/13/16
Signature of Property Owner

DAVID HIGH
(Name Typed / Printed)

DAVID HIGH, ALDRSGATE UMRC, INC.
Name of Petitioner(s)

3800 SHAMROCK DRIVE
Address of Petitioner(s)

CHARLOTTE, NC 28215
City, State, Zip

704-622-0330 704-532-7097
Telephone Number Fax Number

DAVIDH@ALDRSGATECCRC.COM
E-Mail Address

 2/13/16
Signature of Petitioner

DAVID HIGH
(Name Typed / Printed)