

**I. REZONING APPLICATION
CITY OF CHARLOTTE**

RECEIVED
MAY 25 2016
BY: AF

2016-108
Petition #: _____
Date Filed: 5/25/2016
Received By: AF

Complete All Fields (Use additional pages if needed)

Property Owner: Laurel Falls, Trustee for LMGF Family Trust; Falls Enterprises LLC; Boyd P. Falls Irrevocable Trust
 Owner's Address: 114 W. Bland Street City, State, Zip: Charlotte, NC 28203
 Date Property Acquired: August 14, 2015
 Property Address: 114-120 W. Bland Street, Charlotte NC 28203
 Tax Parcel Number(s): 07307204, 07307203
 Current Land Use: Warehouse / Office Size (Acres): .212 ac, .209 ac
 Existing Zoning: I-2 Proposed Zoning: TOD-M
 Overlay: _____ (Specify PED, Watershed, Historic District, etc.)
 Required Rezoning Pre-Application Meeting* with: Cathy Mahoney
 Date of meeting: 05/24/2016

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

For Conditional Rezoning Only:
 Requesting a vesting period exceeding the 2 year minimum? Yes/No. Number of years (maximum of 5): _____
 Purpose/description of Conditional Zoning Plan: _____

Name of Rezoning Agent

Agent's Address

City, State, Zip
 _____ Telephone Number _____ Fax Number

E-Mail Address

Signature of Property Owner

(Name Typed / Printed)

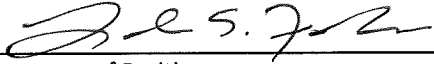
Laurel Falls

Name of Petitioner(s)
114 W. Bland Street

Address of Petitioner(s)
Charlotte, NC 28203

City, State, Zip
704-641-1244

Telephone Number _____ Fax Number
fallsenterprises@yahoo.com

E-Mail Address


Signature of Petitioner
Laurel S. Falls

(Name Typed / Printed)