I. REZONING APPLICATION CITY OF CHARLOTTE

Carlesonary	RECEIVED
CONTRACTOR	AUG 22 2016
O-INTERNATION OF THE PERSON NAMED IN	BY:

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Petition #:

Date Filed: 8/22/28/6

Received By: 94

Complete All Fields ((Use additional	pages if needed)
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complete All Fleids (ose additional pages if fleeded)					
Property Owner: <u>Southminster, Inc.</u>					
Owner's Address: 8919 Park Road	City, State, Zip: Charlotte, NC 28210				
Date Property Acquired: <u>December 23, 1985</u>					
Property Address: <u>8919 Park Road</u>					
Tax Parcel Number(s): 209-511-33 and 209-511-34					
Current Land Use: Senior Living Community	Size (Acres):+/- 25.4 acres				
Existing Zoning: <u>Institutional (CD)</u>	Proposed Zoning: Institutional (CD) S.P.A.				
Overlay: N/A etc.)	(Specify PED, Watershed, Historic District,				
Required Rezoning Pre-Application Meeting* with: <u>John Kin</u> Date of meeting: <u>May 10, 2016</u>	ley, Kent Main and Jason Prescott				
(*Rezoning applications will not be processed until a require held.)	ed pre-application meeting with a rezoning team member is				
For Conditional Rezonings Only:					
Requesting a vesting period exceeding the 2 year minimum	n? Yes/No. Number of years (maximum of 5): N/A				
Purpose/description of Conditional Zoning Plan: To accom-	modate an expansion of the existing senior living community				
•	ndent living units, 30 healthcare beds and 2 hospice beds.				
(Totals are to be: 379 Independent Living units, 115 Healt					
Labor Carresia haad / Dalainean Dredelany)	Southminster, Inc. (c/o David Lacy)				
John Carmichael (Robinson Bradshaw) Name of Rezoning Agent	Name of Petitioner(s)				
	8919 Park Road				
101 N. Tryon Street, Suite 1900 Agent's Address	Address of Petitioner(s)				
Charlotte, NC 28246	Charlotte, NC 28210				
City, State, Zip	City, State, Zip				
704-377-8341	704-551-7101				
Telephone Number Fax Number	Telephone Number Fax Number				
jcarmichael@rbh.com E-Mail Address	DLacy@southminster.org E-Mail Address				
SOUTHMINSTER, INE	SOUTHMINSTER, INC.				
By: Oil For	By: Wil for				
Signature of Property Owner	Signature of Petitioner				
_David Lacy	David Lacy				
(Name Typed / Printed)	(Name Typed / Printed)				