



**I. REZONING APPLICATION
CITY OF CHARLOTTE**

| | |
|--------------|-------|
| Petition #: | _____ |
| Date Filed: | 10/17 |
| Received By: | BH |

Complete All Fields (Use additional pages if needed)

Property Owner: James Miller & Trang T. Miller

Owner's Address: 4435 Monroe Rd City, State, Zip: Charlotte NC 28205

Date Property Acquired: _____

Property Address: 5014 Monroe Rd Charlotte NC 28205

Tax Parcel Number(s): 161-081-13

Current Land Use: Residential Size (Acres): 0.39

Existing Zoning: O-2 Proposed Zoning: B1(CA)

Overlay: _____ (Specify PED, Watershed, Historic District, etc.)

Required Rezoning Pre-Application Meeting* with: Mandy Vari AICP

Date of meeting: 11/29/2016

(*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): 5

Purpose/description of Conditional Zoning Plan: Retail

ATUL PATHAK

Name of Rezoning Agent

8406 Cliff Cameron Dr

Agent's Address # 110

Charlotte NC 28269

City, State, Zip

704-649-9095

Telephone Number Fax Number

atulpathakrealtor@gmail.com

E-Mail Address

[Signature]

Signature of Property Owner

James Miller TRANG MILLER

(Name Typed / Printed)

Trang T Miller
James Miller

Name of Petitioner(s)

4435 Monroe Rd

Address of Petitioner(s)

Charlotte NC 28205

City, State, Zip

704-577-2207

Telephone Number Fax Number

mistie320@gmail.com

E-Mail Address

[Signature]

Signature of Petitioner

James Miller TRANG MILLER

(Name Typed / Printed)