

**I. REZONING APPLICATION
CITY OF CHARLOTTE**

RECEIVED
NOV 17 2016
BY: _____

Petition #: _____
Date Filed: 11/17/2016
Received By: [Signature]

2017-020

Complete All Fields (Use additional pages if needed)

Property Owner: BAXTER-LOWE'S REPAIRS LLC, 711-BAXTER REPAIRS LLC

Owner's Address: 2833 NEELIE BEAVER RD City, State, zip: MT PLEASANT, NC 28124

Date Property Acquired: 11/3/12

Property Address: 9233 NATIONS FORD RD

Tax Parcel Number(s): 20517110, 20517111

Current Land Use: VACANT

Existing Zoning: R-17 MF

Proposed Zoning: I-1

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

Required Rezoning Pre-Application Meeting* with: _____

Date of meeting: _____

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

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

Purpose/description of Conditional Zoning Plan: _____

PETER KATZ 704-632-1022

Name of Rezoning Agent: PETER KATZ @ SVU.COM

Agent's Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: William Baxter

Signature of Property Owner: _____

William Baxter

(Name Typed / Printed)

STEVE YOUNG

Name of Petitioner(s): _____

Address of Petitioner(s): 319 OLD HEBORN RD

Address of Petitioner(s): _____

City, State, Zip: CHARLOTTE, NC 28273

City, State, Zip: _____

Telephone Number: 704-529-6234

Telephone Number: _____

Fax Number: _____

E-Mail Address: STEVE @ DISTINCTIVE CABINETS.COM

E-Mail Address: _____

Signature of Petitioner: _____

Signature of Petitioner: _____

STEVE H. YOUNG

(Name Typed / Printed)