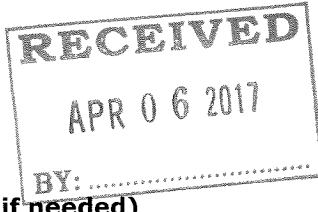


**I. REZONING APPLICATION
CITY OF CHARLOTTE**



Petition #: 2017-085
Date Filed: 4/6/2017
Received By: [Signature]

Complete All Fields (Use additional pages if needed)

Property Owner: **See Attached**

Owner's Address: **See Attached**

City, State, Zip: **See Attached**

Date Property Acquired: **See Attached**

Property Address: **See Attached**

Tax Parcel Number(s): **10517189 / 10517177 / 10517107**

Current Land Use: **Vacant**

Size (Acres): **9.54**

Existing Zoning: **R-4 & R-3**

Proposed Zoning: **R-5(CD)**

Overlay: **none**

(Specify PED, Watershed, Historic District, etc.)

Required Rezoning Pre-Application Meeting* with: **Sonja Sanders**

Date of meeting: **01/24/17**

(*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): **5 years**

Purpose/description of Conditional Zoning Plan: **Construct a single family detached residential neighborhood.**

Marc Houle (Yarbrough-Williams & Houle)

Name of Rezoning Agent

P.O. Box 1198

Agent's Address

Pineville, NC 28134

City, State, Zip

704-556-1990

Telephone Number

Fax Number

Marc.houle@y-wh.com

E-Mail Address

See attached

Signature of Property Owner

See attached

(Name Typed / Printed)

Marc Eisenbeis - Stolz Partners

Name of Petitioner(s)

7 South Main Street

Address of Petitioner(s)

Alpharetta, Ga 30009

City, State, Zip

770-390-2555

Telephone Number

770-390-2556

Fax Number

Mark@stolzpartners.com

E-Mail Address

See attached

Signature of Petitioner

See attached

(Name Typed / Printed)

**I. REZONING APPLICATION
CITY OF CHARLOTTE**

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

Complete All Fields (Use additional pages if needed)

Property Owner: Thomas D. Pearson & Michael W. Hinshaw

Owner's Address: 419-B 423 South Sharon Amity Rd. City, State, Zip: Charlotte, NC 28211

Date Property Acquired: April 8, 2010

Property Address: N/A

Tax Parcel Number(s): 10517189

Current Land Use: Vacant Size (Acres): 0.623

Existing Zoning: R-4 & R-3 Proposed Zoning: R-5CD

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

Required Rezoning Pre-Application Meeting* with: Sonja Sanders
Date of meeting: 01/24/17

(*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

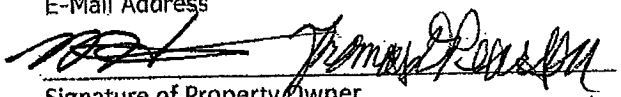
Agent's Address

City, State, Zip

Telephone Number

Fax Number

E-Mail Address


Signature of Property Owner

Thomas D. Pearson & Michael W. Hinshaw
(Name Typed / Printed)


Mark Eisenbeis - Stolz Partners
Name of Petitioner(s)

7 South Main Street
Address of Petitioner(s)

Alpharetta, Georgia 30009
City, State, Zip

(770) 390-2555 (770) 390-2556
Telephone Number Fax Number

Mark@Stolzpartners.com
E-Mail Address


Signature of Petitioner

Mark Eisenbeis
(Name Typed / Printed)

**I. REZONING APPLICATION
CITY OF CHARLOTTE**

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

Complete All Fields (Use additional pages if needed)

Property Owner: Thomas D. Pearson & Michael W. Hinshaw

Owner's Address: 419-B 423 South Sharon Amity Rd. City, State, Zip: Charlotte, NC 28211

Date Property Acquired: April 8, 2010

Property Address: N/A

Tax Parcel Number(s): 10517177

Current Land Use: Vacant Size (Acres): 0.594

Existing Zoning: R-4 - R-3 Proposed Zoning: R-5CD

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

Required Rezoning Pre-Application Meeting* with: Sonja Sanders
Date of meeting: 01/24/17

(*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

Thomas D. Pearson & Michael W. Hinshaw
(Name Typed / Printed)

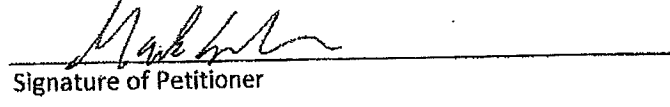
Mark Eisenbeis - Stolz Partners
Name of Petitioner(s)

7 South Main Street
Address of Petitioner(s)

Alpharetta, Georgia 30009
City, State, Zip

(770) 390-2555 (770) 390-2556
Telephone Number Fax Number

Mark@Stolzpartners.com
E-Mail Address


Signature of Petitioner

Mark Eisenbeis
(Name Typed / Printed)

**I. REZONING APPLICATION
CITY OF CHARLOTTE**

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

Complete All Fields (Use additional pages if needed)

Property Owner: Robert E. Caldwell & Roberta S. Caldwell

Owner's Address: P.O. Box 562653 City, State, Zip: Charlotte, NC 28256

Date Property Acquired: November 10, 1994

Property Address: 13716 Caldwell Road, Charlotte, NC 28213

Tax Parcel Number(s): 10517107

Current Land Use: Agriculture Size (Acres): 8.33

Existing Zoning: R-3 Proposed Zoning: R-5CD

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

Required Rezoning Pre-Application Meeting* with: Sonja Sanders

Date of meeting: 01/24/17

(*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

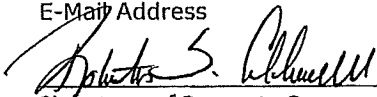
Agent's Address

City, State, Zip

Telephone Number

Fax Number

E-Mail Address



Signature of Property Owner

Robert E. Caldwell Roberta S. Caldwell

(Name Typed / Printed)

Mark Eisenbeis – Stolz Partners

Name of Petitioner(s)

7 South Main Street

Address of Petitioner(s)

Alpharetta, Georgia 30009

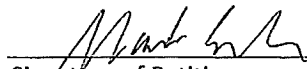
City, State, Zip

(770) 390-2555 (770)390-2556

Telephone Number Fax Number

Mark@Stolzpartners.com

E-Mail Address



Signature of Petitioner

Mark Eisenbeis

(Name Typed / Printed)