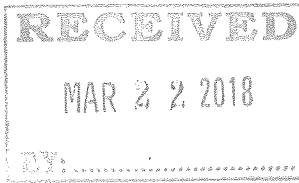


**I. REZONING APPLICATION
CITY OF CHARLOTTE**



2018-248

Petition #: _____
Date Filed: 3/22/2018
Received By: BJ

Complete All Fields (Use additional pages if needed)

Property Owner: Charlotte-Mecklenburg Housing Partnership, Inc.

Owner's Address: 4601 Charlotte Park Drive Suite 350 City, State, Zip: Charlotte, NC 28217

Date Property Acquired: January 14, 2016

Property Address: 2701 Statesville Avenue, Charlotte, NC 28206

Tax Parcel Number(s): 077-07-901

Current Land Use: Vacant Size (Acres): +/- 1.50

Existing Zoning: R-22MF Proposed Zoning: 0-1 (CD)

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

Required Rezoning Pre-Application Meeting* with: Sonja Sanders

Date of meeting: 11.09.17

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

For Conditional Rezonings Only:

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

Purpose/description of Conditional Zoning Plan: Rezone a portion of parcel 077-07-901 to allow for development of a neighborhood clinic and associated infrastructure.

EMH&T
Name of Rezoning Agent

301 McCullough Drive Suite 109
Agent's Address

Charlotte, NC 28262
City, State, Zip

704-548-0333 704-548-0334
Telephone Number Fax Number

jmangas@emht.com
E-Mail Address

[Signature]
Signature of Property Owner

Julie A. Porter
(Name Typed / Printed)

PRESIDENT

Novant Health, Inc.
Name of Petitioner(s)

3600 Country Club Road Suite 201
Address of Petitioner(s)

Winston Salem, NC 27104
City, State, Zip

336-277-8617
Telephone Number Fax Number

dgpark@novanthealth.org
E-Mail Address

[Signature]
Signature of Petitioner

David Park
(Name Typed / Printed)