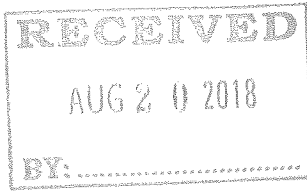


**I. REZONING APPLICATION  
CITY OF CHARLOTTE**



2018-165

Petition #: \_\_\_\_\_  
 Date Filed: 8/20/2018  
 Received By: [Signature]

**Complete All Fields (Use additional pages if needed)**

Property Owner: NoDa Ventures, LLC

Owner's Address: 1001 Elizabeth Ave. Suite 1-D City, State, Zip: Charlotte, NC 28204

Date Property Acquired: January 20, 2016

Property Address: 1210-1218 E. 36<sup>th</sup> St. Charlotte, NC 28205

Tax Parcel Number(s): 08316314

Current Land Use: Retail Center Size (Acres): 0.905

Existing Zoning: B-1 Proposed Zoning: MUDD-O

Overlay: \_\_\_\_\_ Tree Survey Provided: Yes: \_\_\_\_\_  
 N/A: N/A

Required Rezoning Pre-Application Meeting\* with: Sonja Sanders,  
 Date of meeting: June 21, 2018

(\*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? **No**. Number of years (maximum of 5): **No**

Purpose/description of Conditional Zoning Plan: **Lock in Parking Requirement at 1 space/300SF**

Andrew Blumenthal  
 Name of Rezoning Agent

1001 Elizabeth Ave. Suite 1-D  
 Agent's Address

Charlotte, NC 28204  
 City, State, Zip

(704) 618-1802 \_\_\_\_\_  
 Telephone Number Fax Number

ABlumenthal@LegacyCRE.com  
 E-Mail Address

[Signature]  
 Signature of Property Owner

Greg Godley  
 (Name Typed / Printed)

Greg Godley  
 Name of Petitioner(s)

1001 Elizabeth Ave. Suite 1-D  
 Address of Petitioner(s)

Charlotte, NC 28204  
 City, State, Zip

(704) 904-2383 \_\_\_\_\_  
 Telephone Number Fax Number

GJGodley@LegacyCRE.com  
 E-Mail Address

[Signature]  
 Signature of Petitioner

Greg Godley  
 (Name Typed / Printed)

**I. REZONING APPLICATION  
CITY OF CHARLOTTE**

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

**Complete All Fields (Use additional pages if needed)**

Property Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date Property Acquired: \_\_\_\_\_

Property Address: \_\_\_\_\_

Tax Parcel Number(s): \_\_\_\_\_

Current Land Use: \_\_\_\_\_ Size (Acres): \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

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 is held.)

<b>For Conditional Rezoning Only:</b>
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

*Stan Gregor*  
\_\_\_\_\_  
Signature of Property Owner

*Stan Gregor*  
\_\_\_\_\_  
(Name Typed / Printed)

\_\_\_\_\_  
Name of Petitioner(s)

\_\_\_\_\_  
Address of Petitioner(s)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number                      Fax Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
(Name Typed / Printed)