

**I. REZONING APPLICATION  
CITY OF CHARLOTTE**

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

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

Property Owner: BALLANTYNE COUNTRY CLUB, INC.

Owner's Address: 11120 BALLANTYNE CROSSING AV. City, State, Zip: CHARLOTTE, NC 28277

Date Property Acquired: 05/02/1995

Property Address: 11120 BALLANTYNE CROSSING AV., CHARLOTTE NC 28277

Tax Parcel Number(s): 223-121-09

Current Land Use: GOLF COURSE Size (Acres): 41.73 TOTAL (2.54 TO BE REZONED)

Existing Zoning: MX-1 Proposed Zoning: MX-1 (SPA)

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

Required Rezoning Pre-Application Meeting\* with: JOHN KINLEY

Date of meeting: 09/24/2019

(\*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: _____
_____
_____

MARK LINCH / PRESIDENT-BOARD OF DIRECTORS  
Name of Rezoning Agent

11120 BALLANTYNE CROSSING AVE.  
Agent's Address

CHARLOTTE, NC 28277  
City, State, Zip

704-960-0034 \_\_\_\_\_  
Telephone Number Fax Number

markoncourse@mindspring.com  
E-Mail Address

  
Signature of Property Owner

MARK LINCH / PRESIDENT-BOARD OF DIRECTORS  
(Name Typed / Printed)

BALLANTYNE COUNTRY CLUB, LLC  
Name of Petitioner(s)

11120 BALLANTYNE CROSSING AVE.  
Address of Petitioner(s)

CHARLOTTE, NC 28277  
City, State, Zip

704-960-0034 \_\_\_\_\_  
Telephone Number Fax Number

markoncourse@mindspring.com  
E-Mail Address

  
Signature of Petitioner

MARK LINCH / PRESIDENT-BOARD OF DIRECTORS  
(Name Typed / Printed)