

**OFFICIAL REZONING APPLICATION
CITY OF CHARLOTTE**

Petition No.	<u>89-78</u>
Date Filed	<u>August 16, 1989</u>
Received By	<u>MCN</u>
OFFICE USE ONLY	

Ownership Information (SEE ATTACHED EXHIBIT A)

Property Owner _____

Owner's Address _____

Date Property Acquired _____

Tax Parcel Number _____

Location Of Property (address or description) (SEE ATTACHED EXHIBIT A)

Description Of Property (SEE ATTACHED EXHIBIT A)

Size (Sq. Ft.-Acres) _____ Street Frontage (ft.) _____

Current Land Use _____

Zoning Request

Existing Zoning SEE ATTACHED EXHIBIT A Requested Zoning SEE ATTACHED EXHIBIT A

Purpose of Zoning Change REMEDIAL REZONING FOR PURPOSE OF HAVING ZONING CLASSIFICATION
ACCURATELY REFLECT THE RESIDENTIAL USES TO WHICH THE PARCELS ARE CURRENTLY BEING PUT.

Name Of Agent _____ Name of Petitioner(s) Dilworth Community Development Association

Agent's Address _____ Address of Petitioner(s) c/o G. Robert Turner, III
900 Cameron-Brown Building
Charlotte, North Carolina 28204

Telephone Number _____ Telephone Number 704-333-1246

By: [Signature]
Signature President

Signature of Property Owner if Other Than Petitioner