OFFICIAL REZONING APPLICATION **CITY OF CHARLOTTE**

Petition #: 2007-076

Date Filed: 3 3 26 (67

Received By: J For ve

OWNERSHIP INFORMATION:	1:36 Pm
Property Owner: SEE ATTACHED SHEETS	
Owner's Address: <u>SEE ATTACHED SHEETS</u>	City, State, Zip:
Date Property Acquired: NA Utilities I	Provided; (Water) CMUD (Sewer) CMUD (CMUD, Private, Other)
LOCATION OF PROPERTY (Address or Det 4 TH ST., 3 RD ST., CASWELL RD., AND QUEENS RI	scription): <u>ALL OF THAT THAT PROPERTY BOUNDED BY</u> <u>D.</u>
Tax Parcel Number(s): <u>SEE ATTACHED SHEETS</u> Si	ze (Sq.Ft. or Acres):APPROX. 6.4 AC. +/-
Current Land Use: <u>HOSPITAL AND HOSPITAL REI</u> <u>BRANCH BANK</u>	LATED USES, INCLUDING STRUCTURED PARKING,
ZONING REQUEST:	
Existing Zoning: O-2	Proposed Zoning: MUDD-O
Purpose of Zoning Change: (Include the maximum # o	f residential units or non-residential square footages):
HOSPITAL AND HOSPITAL RELATED USES IN	ICLUDING STRUCTURED PARKING
UP TO 924,100 SQ. FT. OF TOTAL FLOOR AREA	A, EXISTING AND PROPOSED, BUT EXCLUDING
FLOOR AREA DEVOTED TO STRUCTURED PA	RKING
Walter G. Fields, III	NOVANT HEALTH, INC
Name of Agent	Name of Petitioner(s)
4651 Charlotte Park Drive, Suite 300	POB 33549
Agent's Address A	ddress of Petitioner(s)
Charlotte, NC 28217	CHARLOTTE, NC 28233
City, State, Zip	City, State, Zip
704-319-5684 704-333-0854	704-384-9826 704-316-9768
Telephone Number Fax Number	Telephone Number Fax Number
walter.fields@kimley-horn.com	dfarmstrong@novanthealth.org
E-Mail Address	E-Mail Address
SEE ATTACHED SHEET	Maria & Roll
Signature of Property Owner if other than Petitioner	Signature Signature