

OFFICIAL REZONING APPLICATION
CITY OF CHARLOTTE

FY 2011

Petition #: 2011-007

Date Filed: 11/22/10

Received By: UNC

Complete All Fields

OWNERSHIP INFORMATION:

Property Owner: See Exhibit A attached hereto

Owner's Address: See Exhibit A City, State, Zip: See Exhibit A

Date Property Acquired: See Exh. A Utilities Provided: (Water) CMUD (Sewer) CMUD
(CMUD, Private, Other) (CMUD, Private, Other)

LOCATION OF PROPERTY (Address or Description): 1735 Toddville Road

Tax Parcel Number(s): 059-104-20 and a portion of 059-104-16

Current Land Use: Skilled nursing facility

Size (Sq.Ft. or Acres): 9.05 acres, more or less

ZONING REQUEST:

Existing Zoning: Institutional (CD) (LLWPA) Proposed Zoning: Institutional (CD) (LLWPA) S.P.A.

Purpose of Zoning Change: (Include the maximum # of residential units or non-residential square footages): To accommodate the addition of a physical therapy and rehabilitation facility containing a maximum of 5,000 square feet of gross floor area.

John Carmichael
K&L Gates, LLP
Name of Agent

214 N. Tryon St, 47th Floor
Agent's Address

Charlotte, NC 28202
City, State, Zip

704-331-7509 704-353-3209
Telephone Number Fax Number

john.carmichael@klgates.com
E-Mail Address

See Attached Joinder Agreements
Signature of Property Owner if other than Petitioner

Medical Facilities of North Carolina, Inc.
c/o Andy Kelderhouse
Name of Petitioner(s)

P.O. Box 100
Address of Petitioner(s)

Daleville, VA 24083
City, State, Zip

540-266-3711 540-966-6002
Telephone Number Fax Number

andyke@fwinc.com
E-Mail Address

MEDICAL FACILITIES OF NORTH CAROLINA, INC.

By: [Signature]
Its: President PC&O