

FY2014 –  
Petition #: 2104-56 (CPCC)  
Date Originally  
Filed: 4/28/14  
  
Date Amended: 6/20/14  
  
Received By: \_\_\_\_\_

**AMENDED**  
**REZONING APPLICATION**  
**CITY OF CHARLOTTE**

**Complete all fields –**

Property Owner: Trustees of Central Piedmont Community College & Central Piedmont Community College Foundation, Inc.

Owner's Address: P.O. Box 35009 City, State, Zip: Charlotte, NC 28235

Date Property Acquired: TP 02-2009; TP 12-2013; TP 15-2002; TP 01-2000 Utilities Provided: (Water)CMUD (Sewer) CMUD  
(CMUD, Private, Other) (CMUD, Private, Other)

**LOCATION OF PROPERTY** (Address or Description): Four (4) parcels– intersection of E. 4<sup>th</sup> Street and Charlottetowne Ave.

Tax Parcel Number(s): 125-101-15, 125-104-02, 125-104-12, and 125-109-01

Current Land Use: Vacant lot; classrooms, meeting space, and administrative offices for CPCC

Size (Sq.Ft. or Acres): 4.187 acres (+/-) (collectively); TP 15.59 AC; TP 12-.19AC; TP 02-.98AC; TP 01-2.43AC

Existing Zoning: B-2 Proposed Zoning: MUDD-O

**AMENDED REQUEST DETAILS:**

Purposes: 1) Original Request 2) Amendment/Change:

1) Petitioner desires to rezone the four (4) parcels referenced herein to be compatible with the zoning classification of existing Central Campus for future expansion and use of Central Piedmont Community College

2) Amendment is to provide for 5 year vesting rights and change Proposed Zoning from MUDD(CD) to MUDD(O).

Johnston, Allison & Hord, P.A.  
Susanne Todd and Jim Allison  
**Name of Agent**  
  
1065 E. Morehead Street  
**Agent's Address**  
  
Charlotte, NC 28204  
**City, State, Zip**  
(704) 998-2306  
(704) 998-2236 (704) 376-1628  
**Telephone Number** **Fax Number**  
stodd@jahlaw.com  
jallison@jahlaw.com  
**E-Mail Address**

(see attached)  
**Signature of Property Owner if other than Petitioner**  
  
\_\_\_\_\_  
**(Name Typed/Printed)**


Central Piedmont Community College  
**Name of Petitioner(s)**  
  
P.O. Box 35009  
**Address of Petitioner(s)**  
  
Charlotte, NC 28235  
**City, State, Zip**  
(704) 330-6717 (704) 330-6166  
**Telephone Number** **Fax Number**  
  
Kathy.Drumm@cpcc.edu  
**E-Mail Address**

Please see attached  
**Signature**  
  
Dr. Kathy Drumm, Executive Vice President  
**(Name Typed/Printed)**

**Additional Signature Page for Official Rezoning Application  
City of Charlotte**

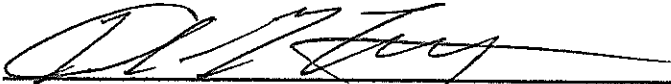
**PROPERTY OWNER(S):**

**Trustees of Central Piedmont Community College**



By: Dr. Kathy Drumm, Executive Vice President

**Central Piedmont Community College Foundation, Inc.**



Kevin McCarthy, Assistant Secretary