

**I. REZONING APPLICATION
CITY OF CHARLOTTE**

2015-115

Petition #:	_____
Date Filed:	_____
Received By:	<u>JB</u>

Complete All Fields (Use additional pages if needed)

Property Owner: Skyhouse Charlotte II, LLC, a Georgia limited liability company

Owner's Address: 817 West Peachtree Street, Suite 400 City, State, Zip: Atlanta, GA 30308

Date Property Acquired: 11/7/14

Property Address: 601 N. Tryon Street, Charlotte, NC

Tax Parcel Number: 078-033-02

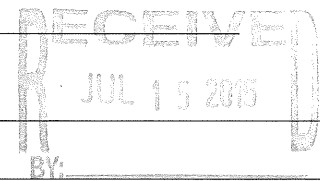
Current Land Use: vacant land Size (Acres): ±0.669 ac.

Existing Zoning: UMUD Proposed Zoning: UMUD-O

Overlay: N/A
(Specify PED, Watershed, Historic District, etc.)

Required Rezoning Pre-Application Meeting* with: Solomon Fortune

Date of meeting: 6/15/15



(*Rezoning applications will not be processed until a required pre-application meeting with a rezoning team member is held.)

For Conditional Rezonings Only:

Requesting a vesting period exceeding the 2 year minimum? Yes/No. Number of years (maximum of 5): N/A

Purpose/description of Conditional Zoning Plan: To allow balconies to extend into the setback along W. Ninth Street when on-street parking is implemented on W. Ninth Street.

**Jeff Brown
Keith MacVean**

Name of Rezoning Agent

**Moore & Van Allen, PLLC
100 N. Tryon Street, Suite 4700**

Agent's Address

Charlotte, NC 28202

City, State, Zip

**704-331-1144 (JB) 704-348-1925 (JB)
704-331-3531 (KM) 704-378-1954 (KM)**

Telephone Number Fax Number

jeffbrown@mvalaw.com keithmacvean@mvalaw.com

E-mail Address

Signature of Property Owner

James R. Borders
(Name Typed/Printed)

**Skyhouse Charlotte II, LLC
(Attn: James R. Borders)**

Name of Petitioner

**c/o Novare Group
817 W. Peachtree Street, Suite 400**

Address of Petitioner

Atlanta, GA 30308

City, State, Zip

404-961-7943

Telephone Number Fax Number

jborders@novergroup.com

E-mail Address

Signature of Petitioner

James R. Borders
(Name Typed/Printed)