## I. REZONING APPLICATION CITY OF CHARLOTTE

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Petition #:	
Date Filed:	1/25/2016
Received By: _	<u> </u>

Complete All Fields (Use additional pages if needed	Complete	All Fields	(Use additional	pages if needed
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Property Owner: ALDERSGATE UNITED METHODIST RETIREMENT COMMUNITY, INC.					
Owner's Address: 3800 SHAMROCK DRIVE	City,State,Zip: CHARLOTTE, NC 28215				
Date Property Acquired: 1947					
Property Address: <u>3800 SHAMROCK DRIVE</u>					
Tax Parcel Number(s): 10102101(PORTION) and 10102107					
Current Land Use: CONTINUING CARE RETIREMENT COMMUNI	Size (Acres): 147.1 ACRES				
Existing Zoning: INST(CD)	Proposed Zoning: INST(CD) SPA				
Overlay: N/A etc.)	(Specify PED, Watershed, Historic District,				
Required Rezoning Pre-Application Meeting* with: SONJA SANDERS, AMANDA VARI Date of meeting:1/14/2016					
(*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/ <b>No</b> . Number of years (maximum of 5):				
Purpose/description of Conditional Zoning Plan: <u>MODIFICATION OF THE 2014-067 APPROVED REZONING TO ALLOW</u>					
HOSPICE & DIALYSIS USES TO SERVE THE PUBLIC IN ADDITION TO CCRC RESIDENTS.					
MATT LANGSTON, (LANDWORKS DESIGN GROUP, PA)	DAVID HIGH, ALDERSGATE UMRC, INC.				
Name of Rezoning Agent	Name of Petitioner(s)				
7621 LITTLE AVENUE, SUITE 111	3800 SHAMROCK DRIVE Address of Petitioner(s)				
Agent's Address	CHARLOTTE, NC 28215				
CHARLOTTE, NC 28226 City, State, Zip	City, State, Zip				
704-841-1604 X 701 704-841-1604	704-622-0330 704-532-7097 Telephone Number Fax Number				
Telephone Number Fax Number	Telephone Number Fax Number  DAVIDH@ALDERSGATECCRC.COM				
MLANGSTON@LANDWORKSPA.COM  E-Mail Address	E-Mail Address				
(le(M	- Chr (M)				
Signature of Property Owner	Signature of Petitioner				
DAVID HIGHDAVID HIGH					
(Name Typed / Printed)	(Name Typed / Printed)				