

2019-109

Amended  
**I. REZONING APPLICATION**  
**CITY OF CHARLOTTE**  
(To Add Tax Parcel 11702221)

Petition #: \_\_\_\_\_  
Date Filed: 7/12/2019  
Received By: BK

1 of 6

**Complete All Fields (Use additional pages if needed)**

Property Owner: See attachment.

Owner's Address: See Attachment. City, State, Zip: \_\_\_\_\_

Date Property Acquired: See Attachment

Property Address: See Attachment.

Tax Parcel Number(s): \_\_\_\_\_

Current Land Use: AN. Size (Acres): 8.15 ac (Total)

Existing Zoning: R-22 MF. Proposed Zoning: I-2

Overlay: \_\_\_\_\_ Tree Survey Provided: Yes: (N/A)

Required Rezoning Pre-Application Meeting\* with: Solomon. fortune.

Date of meeting: 2/20/2019

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

**For Conditional Rezoning Only:**  
Requesting a vesting period exceeding the 2 year minimum? Yes/No. Number of years (maximum of 5): \_\_\_\_\_  
Purpose/description of Conditional Zoning Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Miriam E Franco  
Name of Rezoning Agent

5144 Prestwick Ln.  
Agent's Address

Charlotte 28212  
City, State, Zip

704-615-4204.  
Telephone Number Fax Number

miriam.e1974@icloud.com  
E-Mail Address

See attachment  
Signature of Property Owner

See attachment.  
(Name Typed / Printed)

Miriam E. Franco.  
Name of Petitioner(s)

5144 Prestwick Ln.  
Address of Petitioner(s)

Charlotte 28212  
City, State, Zip

704-615-4204  
Telephone Number Fax Number

miriam.e1974@icloud.com  
E-Mail Address

Miriam Franco  
Signature of Petitioner

Miriam E. Franco.  
(Name Typed / Printed)

**I. REZONING APPLICATION  
CITY OF CHARLOTTE**

Petition #:	_____
Date Filed:	_____
Received By:	_____

2 of 6

Complete All Fields (Use additional pages if needed)

Property Owner: Miriam Franco, Dany Ortiz.

Owner's Address: 5144 postwick Ln City, State, Zip: 28 Charlotte 28212

Date Property Acquired: 6/18/2018

Property Address: 1705 parker Dr, Charlotte 28208

Tax Parcel Number(s): 11702222

Current Land Use: MF Size (Acres): 5.000 AC

Existing Zoning: MF Proposed Zoning: I 2

Overlay: \_\_\_\_\_ Tree Survey Provided: Yes: \_\_\_\_\_ N/A: \_\_\_\_\_

Required Rezoning Pre-Application Meeting\* with: Salomon fortune

Date of meeting: 9/20/2019

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

**For Conditional Rezoning Only:**

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

Purpose/description of Conditional Zoning Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Rezoning Agent

\_\_\_\_\_  
Agent's Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

Miriam Franco / Dany Ortiz  
Signature of Property Owner

Miriam Franco / Dany Ortiz  
(Name Typed / Printed)

\_\_\_\_\_  
Name of Petitioner(s)

\_\_\_\_\_  
Address of Petitioner(s)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
(Name Typed / Printed)

**I. REZONING APPLICATION  
CITY OF CHARLOTTE**

Petition #:	_____
Date Filed:	_____
Received By:	_____

3 of 6

Complete All Fields (Use additional pages if needed)

Property Owner: Victor Manuel Guevar

Owner's Address: 515 GREENWOOD DR City, State, Zip: CHARLOTTE NC 28217

Date Property Acquired: \_\_\_\_\_

Property Address: \_\_\_\_\_

Tax Parcel Number(s): 11702220, ~~11702280~~ 11702288

Current Land Use: \_\_\_\_\_ Size (Acres): 2.23

Existing Zoning: R-22 MF Proposed Zoning: I2

Overlay: \_\_\_\_\_ Tree Survey Provided: Yes: (N/A)

Required Rezoning Pre-Application Meeting\* with: 2/20/2019 Salomon future.  
Date of meeting: \_\_\_\_\_

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

<b>For Conditional Rezoning Only:</b>
Requesting a vesting period exceeding the 2 year minimum? Yes/No. Number of years (maximum of 5): _____
Purpose/description of Conditional Zoning Plan: _____
_____
_____

\_\_\_\_\_  
Name of Rezoning Agent

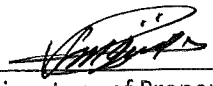
\_\_\_\_\_  
Agent's Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

  
Signature of Property Owner

VICTOR MANUEL GUEVARA  
(Name Typed / Printed)

\_\_\_\_\_  
Name of Petitioner(s)

\_\_\_\_\_  
Address of Petitioner(s)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
(Name Typed / Printed)

**I. REZONING APPLICATION  
CITY OF CHARLOTTE**

Petition #:	_____
Date Filed:	_____
Received By:	_____

Complete All Fields (Use additional pages if needed)

4 of 6

Property Owner: Rosseline Ortiz

Owner's Address: 1701 Parker Dr. City, State, Zip: Charlotte 28212

Date Property Acquired: 12/12/2016

Property Address: 1701 Parker Dr. Charlotte 28212

Tax Parcel Number(s): 11702235, 11702239

Current Land Use: multifamily Size (Acres): 0.485

Existing Zoning: \_\_\_\_\_ Proposed Zoning: I2

Overlay: \_\_\_\_\_ Tree Survey Provided: Yes: \_\_\_\_\_ N/A: \_\_\_\_\_

Required Rezoning Pre-Application Meeting\* with: Salomon Future

Date of meeting: 2/20/2019

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

**For Conditional Rezoning Only:**

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

Purpose/description of Conditional Zoning Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Rezoning Agent

\_\_\_\_\_  
Agent's Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number                      Fax Number

\_\_\_\_\_  
E-Mail Address

Rosseline Elizabeth Ortiz  
Signature of Property Owner

Rosseline Elizabeth Ortiz  
(Name Typed / Printed)

\_\_\_\_\_  
Name of Petitioner(s)

\_\_\_\_\_  
Address of Petitioner(s)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number                      Fax Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
(Name Typed / Printed)

**I. REZONING APPLICATION  
CITY OF CHARLOTTE**

Petition #:	_____
Date Filed:	_____
Received By:	_____

5 of 6

Complete All Fields (Use additional pages if needed)

Property Owner: Danny Ortiz

Owner's Address: 5144 Prestwick Ln City, State, Zip: Charlotte 28212

Date Property Acquired: 3/22/2019

Property Address: \_\_\_\_\_

Tax Parcel Number(s): 11702217

Current Land Use: mulch family Size (Acres): 0.260 GIS Calc.

Existing Zoning: R. 22. Proposed Zoning: F2

Overlay: \_\_\_\_\_ Tree Survey Provided: Yes: (N/A)

Required Rezoning Pre-Application Meeting\* with: Salomon Justice

Date of meeting: 2/20/2019

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

**For Conditional Rezoning Only:**

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

Purpose/description of Conditional Zoning Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of Rezoning Agent

\_\_\_\_\_  
Agent's Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number      \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

Danny Ortiz  
Signature of Property Owner

Danny Ortiz  
(Name Typed / Printed)

\_\_\_\_\_  
Name of Petitioner(s)

\_\_\_\_\_  
Address of Petitioner(s)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number      \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
(Name Typed / Printed)

I. REZONING APPLICATION  
CITY OF CHARLOTTE

Petition #: 2019-109  
Date Filed: \_\_\_\_\_  
Received By: \_\_\_\_\_

6 of 6

Complete All Fields (Use additional pages if needed)

Property Owner: Jerry Withrow, Glenn Withrow Trust, Alan Withrow

Owner's Address: 6637 Cebistan Ct City, State, Zip: Charlotte NC 28210

Date Property Acquired: 11/27/1996

Property Address: Parker Dr

Tax Parcel Number(s): 117 022 21

Current Land Use: vacant land Size (Acres): 0.177

Existing Zoning: R-22 MF Proposed Zoning: B-I-2

Overlay: \_\_\_\_\_ Tree Survey Provided: Yes: \_\_\_\_\_ N/A: X

Required Rezoning Pre-Application Meeting\* with: Clara Gowan / Salomon fortune  
Date of meeting: Feb 20 2019

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

For Conditional Rezoning Only:  
Requesting a vesting period exceeding the 2 year minimum? Yes/No. Number of years (maximum of 5): \_\_\_\_\_  
Purpose/description of Conditional Zoning Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Miriam Franco  
Name of Rezoning Agent

5144 Pastwick Ln  
Agent's Address

Charlotte 28512  
City, State, Zip

704 615 -4204  
Telephone Number Fax Number

\_\_\_\_\_  
E-Mail Address

Glenn Withrow, Trustee  
Signature of Property Owner

Glenn Withrow, Trustee  
(Name Typed / Printed)

\_\_\_\_\_  
Name of Petitioner(s)

\_\_\_\_\_  
Address of Petitioner(s)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number Fax Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
(Name Typed / Printed)