

2019-109

I. REZONING APPLICATION CITY OF CHARLOTTE

Petition #:	_____
Date Filed:	2/12/2019
Received By:	BK

1 of 5

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): 7.975. (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**

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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
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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, ~~11701200~~ 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 fortune.
Date of meeting: _____

(*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

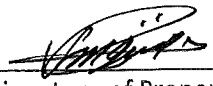
Agent's Address

City, State, Zip

Telephone Number

Fax Number

E-Mail Address


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
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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: multy family Size (Acres): 0.485

Existing Zoning: _____ Proposed Zoning: I 2

Overlay: _____ Tree Survey Provided: Yes: _____ N/A: _____

Required Rezoning Pre-Application Meeting* with: Salomon Furniture

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 Rezonings 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
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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)