

**I. REZONING APPLICATION
CITY OF CHARLOTTE**

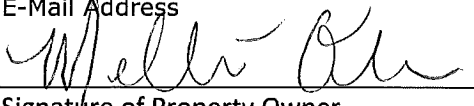
Petition #: 2019-143
Date Filed: 9/18/2019
Received By: RK

Complete All Fields (Use additional pages if needed)

Property Owner: THE OPTIMUS BUILDING, LLC
Owner's Address: 1910 ABBOTT ST. SUITE 202 City, State, Zip: CHARLOTTE, NC, 28203
Date Property Acquired: _____
Property Address: 1024 N. TRYON ST. CHARLOTTE NC, 28206
Tax Parcel Number(s): 08102410, 08102406
Current Land Use: VACANT COMMERCIAL Size (Acres): +/- 0.33
Existing Zoning: I-2 Proposed Zoning: MUDD
Overlay: N/A Tree Survey Provided: Yes: _____ N/A: X
Required Rezoning Pre-Application Meeting* with: WILL LINVILLE
Date of meeting: 09/12/2019

(*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: SITE TO BE REZONED TO MUDD AND EXISTING BUILDING USED FOR OFFICE AND RESTAURANT

MELLISSA OLIVER - LANDDESIGN
Name of Rezoning Agent
223 N. GRAHAM ST.
Agent's Address
CHARLOTTE, NC, 28202
City, State, Zip
704-333-0325
Telephone Number Fax Number
m.oliver@landdesign.com
E-Mail Address

Signature of Property Owner
MELLISSA OLIVER
(Name Typed / Printed)

TARA ELLERBE - ELITE
Name of Petitioner(s)
1910 ABBOTT ST. SUITE 202
Address of Petitioner(s)
CHARLOTTE, NC, 28203
City, State, Zip
704-200-9925
Telephone Number Fax Number
tellerbe@elitehealthinc.com
E-Mail Address

Signature of Petitioner
TARA ELLERBE
(Name Typed / Printed)