

Rezoning Petition Change Request

As the petitioner or authorized agent for the rezoning petition listed below, I request the following modifications to the rezoning petition (modifications allowed with this form include changes of: agent, petitioner*, requested zoning district*, acreage**, parcels**, and/or proposed use).

Upload this form to the Accela record so that staff can make the requested change to the record.

*requires signed authorization from property owner(s) below

**requires new survey/ metes and bounds for portions of parcels

THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY, Petitioner

Rezoning Petition No. 2023-020

Requested Change: Change the requested zoning district from MUDD-O PED to the Regional Activity Center (RAC) zoning district.

Petitioner/Agent Name: The Charlotte-Mecklenburg Hospital Authority/John Carmichael

Signature of Petitioner: 

Print Name: Bennett Thompson _____

Title: Vice President _____

Required for changes of petitioner and/or requested zoning district

Property Owner Signature: _____

Name (Printed): See attached signature page

Title: _____

Date: _____