

# REZONING APPLICATION

## TOWN OF MINT HILL

Complete All Fields

Office Use Only

Petition #: ZC21-7

Date Filed: 5/13/21

Received By: JH

### OWNERSHIP INFORMATION:

Property Owner: MHIP, LLC Date Property Acquired: 2-21-99

Owner's Address: PO Box 23226 Charlotte NC 28227

Utilities Provided: ☐ Individual Well ☒ CMUD Water ☒ CMUD Sewer ☐ Community Sewer ☐ Septic

LOCATION OF PROPERTY (Address or Description): Jomac DR. & Business Lane  
Tax Parcel Number(s): 13909217, 13909233, 13909219, 13909220, 13909221, 13909222, 13909223, 13909224, 13909225, 13909226, 13909227, 13909228, 13909229  
Current Land Use: Industrial

Size (Sq.Ft. or Acres): Approx 90 Acres

ZONING REQUEST: Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Purpose of Zoning Change: To Reduce Buffer from 100' to 50'

(Complete if Applicant is other than Property Owner)

MHIP, LLC  
Name of Property Owner

\_\_\_\_\_  
Name of Applicant

PO Box 23226  
Address of Owner

\_\_\_\_\_  
Address of Applicant

Mint Hill, NC 28227  
City, State, Zip

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

704-309-4584  
Telephone Number

704-309-6086  
Telephone Number

marlene@cmenterprise.net  
E-Mail Address

chuck@cmenterprise.net  
E-Mail Address

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Signature of Applicant

# REZONING APPLICATION

## TOWN OF MINT HILL

Complete All Fields

Office Use Only

Petition #: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Received By: \_\_\_\_\_

### OWNERSHIP INFORMATION:

Property Owner: Spanking Balls LLC Date Property Acquired: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Utilities Provided: ☐ Individual Well or ☐ CMUD Water or ☐ Community Well AND ☐ CMUD Sewer or ☐ Community Sewer or ☐ Septic

LOCATION OF PROPERTY (Address or Description): \_\_\_\_\_

Tax Parcel Number(s): 13909233 & 13909219

Current Land Use: \_\_\_\_\_

Size (Sq.Ft. or Acres): \_\_\_\_\_

ZONING REQUEST: Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Purpose of Zoning Change: \_\_\_\_\_

(Complete if Applicant is other than Property Owner)

ROBERT ERIC LANIER  
Name of Property Owner

\_\_\_\_\_  
Name of Applicant

P.O. Box 1028  
Address of Owner

\_\_\_\_\_  
Address of Applicant

PINEVILLE, NC 28134  
City, State, Zip

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

(704) 587-3022  
Telephone Number

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

eric@laniersiteservices.com  
E-Mail Address

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

[Signature]  
Signature of Property Owner

\_\_\_\_\_  
Signature of Applicant

# **REZONING APPLICATION**

## **TOWN OF MINT HILL**

**Complete All Fields**

Office Use Only

Petition #: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Received By: \_\_\_\_\_

### **OWNERSHIP INFORMATION:**

Property Owner: MHIP LLC Date Property Acquired: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Utilities Provided: ☐ Individual Well or ☐ CMUD Water or ☐ Community Well -AND- ☐ CMUD Sewer or ☐ Community Sewer or ☐ Septic

**LOCATION OF PROPERTY** (Address or Description): \_\_\_\_\_

Tax Parcel Number(s): 13909220 & 13909221

Current Land Use: R

Size (Sq.Ft. or Acres): \_\_\_\_\_

**ZONING REQUEST:** Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Purpose of Zoning Change: \_\_\_\_\_

(Complete if Applicant is other than Property Owner)

MHIP, LLC  
Name of Property Owner

\_\_\_\_\_  
Name of Applicant

PO Box 23226  
Address of Owner

\_\_\_\_\_  
Address of Applicant

Mint Hill, NC 28227  
City, State, Zip

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

704-309-4584  
Telephone Number

704-309-6086  
Telephone Number

marlene@cmenterprise.net  
E-Mail Address

Chuck@cmenterprise.net  
E-Mail Address

marlene Jones  
Signature of Property Owner

Chuck Jones  
Signature of Applicant

# REZONING APPLICATION

## TOWN OF MINT HILL

**Complete All Fields**

Office Use Only

Petition #: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Received By: \_\_\_\_\_

### OWNERSHIP INFORMATION:

Property Owner: Griffin-Goforth Properties LLC Date Property Acquired: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Utilities Provided: ☐ Individual Well or ☐ CMUD Water or ☐ Community Well -AND- ☐ CMUD Sewer or ☐ Community Sewer or ☐ Septic

LOCATION OF PROPERTY (Address or Description): \_\_\_\_\_

Tax Parcel Number(s): 13909222, 13909223, 13909224

Current Land Use: \_\_\_\_\_

Size (Sq.Ft. or Acres): \_\_\_\_\_

ZONING REQUEST: Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Purpose of Zoning Change: \_\_\_\_\_

(Complete if Applicant is other than Property Owner)

Griffin-Goforth Properties LLC  
Name of Property Owner

\_\_\_\_\_  
Name of Applicant

11128 Business Ln.  
Address of Owner

\_\_\_\_\_  
Address of Applicant

Charlotte NC 28227  
City, State, Zip

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

704-545-6670  
Telephone Number

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

ggoforth@griffintile.com  
dgriffin@griffintile.com  
E-Mail Address

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

Stanley E. Griffin  
[Signature]  
Signature of Property Owner

\_\_\_\_\_  
Signature of Applicant

# **REZONING APPLICATION**

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Petition #: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Received By: \_\_\_\_\_

### **OWNERSHIP INFORMATION:**

Property Owner: Square A Land Holdings LLC Date Property Acquired: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Utilities Provided: ☐ Individual Well **or** ☐ CMUD Water **or** ☐ Community Well **-AND-** ☐ CMUD Sewer **or** ☐ Community Sewer **or** ☐ Septic

**LOCATION OF PROPERTY** (Address or Description): \_\_\_\_\_

Tax Parcel Number(s): 13809225

Current Land Use: \_\_\_\_\_

Size (Sq.Ft. or Acres): \_\_\_\_\_

**ZONING REQUEST:** Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Purpose of Zoning Change: \_\_\_\_\_

(Complete if Applicant is other than Property Owner)

Square A Land Holdings, LLC  
Name of Property Owner

\_\_\_\_\_  
Name of Applicant

11525 Rocky River Church Road  
Address of Owner

\_\_\_\_\_  
Address of Applicant

Charlotte, NC 28215  
City, State, Zip

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

704-620-3020  
Telephone Number

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

angel@squarea.com  
E-Mail Address

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

  
Signature of Property Owner

\_\_\_\_\_  
Signature of Applicant

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Received By: \_\_\_\_\_

### OWNERSHIP INFORMATION:

Property Owner: Robert Eric Lanier Date Property Acquired: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Utilities Provided: ☐ Individual Well or ☐ CMUD Water or ☐ Community Well -AND- ☐ CMUD Sewer or ☐ Community Sewer or ☐ Septic

LOCATION OF PROPERTY (Address or Description): \_\_\_\_\_

Tax Parcel Number(s): 13909224

Current Land Use: \_\_\_\_\_

Size (Sq.Ft. or Acres): \_\_\_\_\_

ZONING REQUEST: Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Purpose of Zoning Change: \_\_\_\_\_

(Complete if Applicant is other than Property Owner)

ROBERT ERIC LANIER  
Name of Property Owner

\_\_\_\_\_  
Name of Applicant

P.O. Box 1028  
Address of Owner

\_\_\_\_\_  
Address of Applicant

PINEVILLE, NC 28134  
City, State, Zip

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

(704) 587-3022  
Telephone Number

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

eric@laniersiteservices.com  
E-Mail Address

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

[Signature]  
Signature of Property Owner

\_\_\_\_\_  
Signature of Applicant



# REZONING APPLICATION TOWN OF MINT HILL

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Office Use Only  
Petition #: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Received By: \_\_\_\_\_

## OWNERSHIP INFORMATION:

Property Owner: Griffin Land Holding, LLC

Date Property Acquired: 9/23/2020

Owner's Address: P.O. Box 23027

CHARLOTTE, NC 28227

Utilities Provided: ☐ Individual Well or ☐ CMUD Water or ☐ Community Well AND: ☐ CMUD Sewer or ☐ Community Sewer or ☐ Septic

LOCATION OF PROPERTY (Address or Description): LOT #1, SOMER DR., MINT HILL

Tax Parcel Number(s): 13809217

Current Land Use: VACANT

Size (Sq.Ft. or Acres): +/- 14.93 ACRES

ZONING REQUEST: Existing Zoning: - Proposed Zoning: SAME

Purpose of Zoning Change: REDUCE SET BACK FROM 100 FT TO 50 FT

GRIFFIN LAND HOLDING, LLC  
Name of Property Owner

P.O. Box 23027  
Address of Owner

CHARLOTTE, NC 28227  
City, State, Zip

704-363-2947  
Telephone Number

T.GRIFFIN@GRIFFINMASONRY.COM  
E-Mail Address

GRIFFIN LAND HOLDING, LLC by [Signature]  
Signature of Property Owner

(Complete if Applicant is other than Property Owner)

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Address of Applicant

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

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

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

\_\_\_\_\_  
Signature of Applicant

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Petition #: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Received By: \_\_\_\_\_

### **OWNERSHIP INFORMATION:**

Property Owner: McGee Brothers Co, Inc Date Property Acquired: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Utilities Provided: ☐ Individual Well or ☐ CMUD Water or ☐ Community Well **-AND-** ☐ CMUD Sewer or ☐ Community Sewer or ☐ Septic

**LOCATION OF PROPERTY** (Address or Description): \_\_\_\_\_

Tax Parcel Number(s): 13909227, 13909228, 13909229

Current Land Use: \_\_\_\_\_

Size (Sq.Ft. or Acres): \_\_\_\_\_

**ZONING REQUEST:** Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Purpose of Zoning Change: \_\_\_\_\_

McGee Brothers Co

Mike R McGee

Name of Property Owner

4608 Carriger Rd

Address of Owner

Monroe NC 28110

City, State, Zip

704-753-4582

Telephone Number

mike@mcgeebrock.com

E-Mail Address

Mike McGee

Signature of Property Owner

(Complete if Applicant is other than Property Owner)

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Address of Applicant

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

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

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

\_\_\_\_\_  
Signature of Applicant