

Petition #: 2019-113

Petitioner: The Charlotte-Mecklenburg Hospital Authority

AN ORDINANCE AMENDING APPENDIX A
OF THE CITY CODE – ZONING ORDINANCE

ORDINANCE NO. _____

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF CHARLOTTE:

Section 1. Appendix A, “Zoning” of the Code of the City of Charlotte is hereby amended as follows:

A. CHAPTER 9: GENERAL DISTRICTS

1. PART 1: TABLE OF USES AND HIERARCHY OF DISTRICTS

- a. Amend Table 9.101 by adding “Helistops, limited” in alphabetical order as a use allowed with prescribed conditions in the MUDD zoning district under the “Accessory Uses & Structures” header.

| ACCESSORY USES & STRUCTURES | | | |
|-----------------------------|-----------|--|--|
| | MUDD | | |
| <u>Helistops, limited</u> | <u>PC</u> | | |
| | | | |

2. PART 8.5: MIXED USE DEVELOPMENT DISTRICT

- a. Amend 9.8504, “Mixed Use Development District; accessory uses” by adding “Helistops, limited”, as an accessory use, with prescribed conditions to this Section. The new entry shall read as follows:

Helistops, limited, subject to the regulations of Section 12.415.

B. CHAPTER 12: DEVELOPMENT STANDARDS OF GENERAL APPLICABILITY

1. PART 4: ACCESSORY USES AND STRUCTURES

- a. Amend 12.415, “Helistops, limited” by adding MUDD as a zoning district in which helistops, limited are permitted as an accessory use. The revised Section 12.415 shall read as follows:

A helistop, limited shall be permitted as an accessory use only in the O-1, O-2, O-3, INST, RE-1, RE-2, RE-3, B-2, B-D, BP, MUDD, UMUD, CC, U-I, I-1, and I-2 districts provided it complies with all applicable Federal Aviation Administration regulations. A helistop, limited shall be permitted as an accessory use only to a health institution, including hospitals, clinics and similar uses, in the MUDD zoning district provided it complies with all applicable Federal Aviation Administration regulations.

Section 2. That this ordinance shall become effective upon its adoption

Approved as to form:

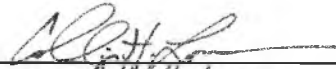
City Attorney

I, _____ City Clerk of the City of Charlotte, North Carolina, DO HEREBY CERTIFY that the foregoing is a true and exact copy of an Ordinance adopted by the City Council of the City of Charlotte, North Carolina, in regular session convened on the ____ day of _____, 20____, the reference having been made in Minute Book _____, and recorded in full in Ordinance Book _____, Page(s)_____

WITNESS my hand and the corporate seal of the City of Charlotte, North Carolina, this the ____ day of _____, 20____

Signature of Petitioner

THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY

By: 
Name: Colleen H. Lane
Title: SVP

Date: June 28, 2019