

AMENDED

**REZONING APPLICATION
CITY OF CHARLOTTE**

FY2012 – Petition #: _____ Date <u>Originally Filed</u> : _____ Date <u>Amended</u> : _____ Received By: _____
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Complete all fields –

Property Owner: _____

Owner's Address: _____ City, State, Zip: _____

Date Property Acquired: _____ Utilities Provided: (Water) _____ (Sewer) _____
(CMUD, Private, Other) *(CMUD, Private, Other)*

LOCATION OF PROPERTY (Address or Description): _____

Tax Parcel Number(s): _____

Current Land Use: _____

Size (Sq.Ft. or Acres): _____

Existing Zoning: _____ Proposed Zoning: _____

AMENDED REQUEST DETAILS:

Purposes: 1) Original Request 2) Amendment/Change:

Name of Agent

Agent's Address

City, State, Zip

Telephone Number Fax Number

E-Mail Address

Signature of Property Owner if other than Petitioner

(Name Typed/Printed)

Name of Petitioner(s)

Address of Petitioner(s)

City, State, Zip

Telephone Number Fax Number

E-Mail Address

Signature

(Name Typed/Printed)