

Petition #: _____
 Date Originally Filed: _____
 Date Amended: _____
 Received By: _____

AMENDED
REZONING APPLICATION
CITY OF CHARLOTTE

Complete All Fields
 (Use additional pages if needed)

Please indicate reason for amended application (*i.e. change in acreage, ownership, proposed district, etc.*):

For Conditional Rezoning Only:

Requesting a vesting period exceeding the 2 year minimum? Yes/No. Number of years (maximum of 5): _____

Property Owner _____

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

Date Property Acquired: _____

Location of Property (Address or Description): _____

Tax Parcel Number(s): _____

Current Land Use: _____ Size (Acres): _____

Existing Zoning: _____ Proposed Zoning: _____

Overlay: _____ (*Specify PED, Watershed, Historic District, etc.*) Tree Survey Provided: Yes ___ N/A ___

 Name of Rezoning Agent

 Name of Petitioner(s)

 Agent's Address

 Address of Petitioner(s)

 City, State, Zip

 City, State, Zip

 Telephone Number

 Fax Number

 Telephone Number

 Fax Number

 E-Mail Address

 E-Mail Address

 Signature of Property Owner(s)

 Signature of Petitioner

 (Name Typed/Clearly Printed)

 (Name Typed/Clearly Printed)