



The City of Charlotte — Planning Department Administrative Amendment Application Signature Form

Associated Rezoning Petition Number: _____ DATE: _____

**If applicant's signature is not property owner of record, documentation must be uploaded for an authorized agent signature.*

APPLICANT/AGENT INFORMATION

Applicant Name: _____

Applicant Signature (s): _____

Applicant Telephone #: _____

OWNER INFORMATION

Owner Signature (s): _____

Owner Address: _____

Owner Telephone #: _____

Email Address: _____