

**CITY OF CHARLOTTE – PLANNING DEPARTMENT
SUBDIVISION APPLICATION SIGNATURE FORM**

Project Name: _____

APPLICANT INFORMATION*: *(Owner of Record or Owner's Duly Authorized Agent)*

Property Owner of Record: _____

Applicant Name: _____ **Contact Name:** _____

Applicant Signature (s)*: _____

Date: _____

Email Address: _____ **Phone #:** _____

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