

**APPLICATION FOR APPEAL
SUBDIVISION ORDINANCE
CITY OF CHARLOTTE**

In accordance with Section 20-88. of the **City of Charlotte Subdivision Ordinance**, there is submitted herewith a notice of appeal.

This appeal is being initiated by:

Name: _____

Address: _____

(City, State, Zip)

(E-Mail Address)

Effecting Section(s) _____ of the **City of Charlotte Subdivision Ordinance** and specific standard in question.

State the specific reason for the appeal request as it relates to the specific standard(s) cited above:

1. The Filing Fee is\$ 2,500.00
(As of July 1, 2017)

2. At the time of filing, the applicant shall submit a list of all adjacent property owners, with their current mailing addresses coded to the tax map. (This information is available at the Mecklenburg Tax Office, 720 East Stonewall Street).

Fee due upon submittal of application, payable by check or money order to the City of Charlotte.

OFFICIAL USE ONLY

(This Space is not to be filled in by Applicant)

Filing Date: _____

Date of Completeness: _____

Date and Place of Hearing: _____

Date of Written Notice of Hearing To Applicant: _____

Date of Written Notice of Hearing To Owners of Subject Property: _____

Date of Written Notice of Hearing To Adjoining Property Owners: _____

Date of Official Approval or Denial of Variance Request: _____