

CHARLOTTE TREE ADVISORY COMMISSION -Hearing Request Application - Form 1

Date Filed: _____ Hearing Number: _____ Received by: _____

This application must be filled out completely. Please complete all required pages depending on your request type. Please type or print legibly. All property owners must sign and consent to this application, attach additional sheets if necessary. If the applicant is not the owner, the owners must sign the Designation of Agent section at the bottom of this form.

Request Type:

The Applicant Hereby (check all that apply):

- Requests a variance from the provisions of the Charlotte Tree Ordinance (*Fill out Forms 1 and 2*)
- Appeals the determination of the City (*Fill out Forms 1 and 3*)

Applicant or Agent's Name: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Telephone: _____ Email Address: _____

Interest in this Case (please circle one): Owner Adjacent Owner Other

Property Owner(s) [if other than applicant/agent]: _____

Mailing Address: _____

City, State, Zip: _____

Daytime Telephone: _____ Email Address: _____

Property Address: _____

Tax Parcel Number: _____

Land Development Permitting Issue?: YES NO

Accela Project ID if applicable: _____

Non-Land Development Issue?: YES NO

Applicant Certification and Designation of Agent

I (we) certify that the information in this application, the attached form(s) and documents submitted by me (us) as part of this application are true and correct. In the event any information given is found to be false, any decision rendered may be revoked at any time. I (we) hereby appoint the person named above as my (our) agent to represent me (us) in this application and all proceedings related to it. I (we) further certify to have received, read and acknowledged the information and requirements outlined in this packet.

Date

Property Owner

Date

Property Owner

