

UDO CHANGE REQUEST FORM

DATE SUBMITTED	
REFERENCE TO COD	E / SECTION:
REQUESTOR:	
NAME	
TITLE	
COMPANY	
EMAIL ADDRESS	
PHONE	
SITE TYPE: This is a	single site issue. This is a multiple site issue.
CITY OF CHARLOTTI	E DEPARTMENTS AFFECTED:
Clarification (Inform	nal) Interpretation Text Amendment

RATIONALE FOR CHANGE/EXPLANATION OF NEGATIVE IMPACT/BENEFITS OF MODIFICATION. This should be a short narration of the specific benefits.

SUGGESTED SOLUTION/REVISION: Clarify how the issue(s) may be impacting the industry and the possible negative impact on the City of Charlotte and their residents.		
IST OF SUPPORTING DOCUMENTS ATTACHED.		
LIST OF SUPPORTING DOCUMENTS ATTACHED:		