



BUNCOMBE COUNTY
 NORTH CAROLINA
PLANNING & DEVELOPMENT
 (828) 250-4830 - PlanningInfo@BuncombeCounty.org
 www.buncombecounty.org/planning

**Application for a Zoning
 MAP AMENDMENT
 (Rezoning)**

PLEASE NOTE:

A PRE-SUBMITTAL CONFERENCE WITH THE ZONING ADMINISTRATOR IS REQUIRED PRIOR TO SUBMITTING THIS APPLICATION FOR A CONDITIONAL USE PERMIT

Please complete all sections of the application.

A. Property Information

Application is hereby made to the Board of Commissioners of Buncombe County to amend the Official Zoning Map of Buncombe County as pertains to the following properties:

PIN(s): 9688-08-0738-00000
 Address(es): 1990 US HWY 70
 Acreage: 1.7 AC

B. Zoning Classification

Current zoning district(s): R-1 Requested zoning district(s)*: CS

**If only a portion of the property is requested to be rezoned, or a rezoning to include more than one zoning district is proposed, please enclose a map indicating the area(s) of the property to be considered for rezoning.*

C. Applicant Contact Information

Property Owner Contact Information (If different)

Company/Corporate Name (if applicable)

RAY & CAROLYN Suttle
 Applicant's Name

1990 US Hwy. 70
 Mailing Address

Swannanoa, NC - 28778
 City, State, and Zip Code

(H) (828) 298-7621
 Telephone (C) 828-768-0675

rms.cms16@gmail.com
 Email

(Same as Applicant)
 Owner's Name

Mailing Address

City, State, and Zip Code

()
 Telephone

Email

OFFICE USE ONLY:

Case Number: ZPH 2019-00046 Date Received: 10/29/2019
 Scheduled Planning Board Hearing Date: 12/2/2019

D. MAP AMENDMENT CONSISTENCY & APPROPRIATENESS

Please answer the following questions (if necessary attach a separate sheet of paper):

1. Describe how the size of the tract proposed for rezoning in reference to surrounding properties makes it suitable for the proposed zoning classification:

Most of properties surrounding us are already zoned commercial. There are four businesses surrounding us.

2. Describe how the proposed rezoning is consistent with Buncombe County's Comprehensive Land Use Plan (The plan is available on the Planning Department website.) Please reference recommendations outlined on page 5 of the Land Use Plan when answering this question: *According to Buncombe Co.*

Comprehensive Land use Plan for 2013, the said property @ 1996 W. Hwy 70, Swannanoa, NC meets
Reasonable proximity to major Transportation ^{NOUR} Requirements
Corridors, Reasonable proximity to infrastructure
(Combined water/sewer service area), Outside of steep
Slope areas (25%+), Outside of high elevations (2500'+,
Outside of moderate and high slope stability hazard,
Outside of flood hazard areas, Separation from low-
density residential uses.

3. Describe how the proposed rezoning would be reasonable and in the public interest, with specific attention to the zoning and existing land uses of surrounding properties, and the potential effects of the proposed rezoning on property owners, adjacent neighbors, and the surrounding community.

The said parcel is surrounded on three sides by commercial zoned property. The frontage of the property is bordered by a major transportation corridors. The property would be at it's highest and best use to the county for higher revenue in taxes.

4. Is/are the applicant(s) listed below the owner(s) of the property? Yes No

If the applicant(s) listed herein are not the owner(s) as listed within the Buncombe County Tax Records, North Carolina General Statutes require the applicant to certify that the owner(s) received notice for each public hearing. An owner's affidavit must be submitted with this application, and certification of notice must be provided by the applicant once notice has been made for each public hearing 5 days prior to the hearing date; sample documents for both items can be obtained from the Planning Department.

E. CERTIFICATION

- I hereby certify that I am the owner, authorized agent of the owner, or have provided legal notification to the owner, and the above information is correct to the best of my knowledge and hereby make application for a Zoning Map Amendment. Any information given that is incorrect will cause this application to become null and void.
- I acknowledge that withdrawal of this application after notice has been made will result in forfeiture of any application fees associated with said application.

+ Ray Suttle
Signature of Applicant

+ Ray Suttle
Signature of Owner

+ Carolyn M. Suttle
Signature of Applicant

+ Carolyn M. Suttle
Signature of Owner

Signature of Applicant

Signature of Owner



NOTE TO USER: THIS VERSION OF SECTION E. CERTIFICATION IS FOR USE IN CASES WHERE NUMEROUS PROPERTIES, OWNED BY NUMEROUS PROPERTY OWNERS, ARE INVOLVED IN THE REZONING APPLICATION

**Application for a Zoning
 MAP AMENDMENT**
Multiple Lots and Owners

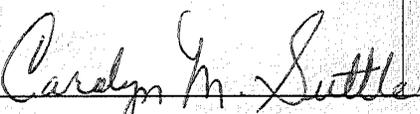
E. CERTIFICATION

E.1. Required Information: Each property owner who is participating in this rezoning application must complete this form. Each owner or group of owners (corporation, LLC, trust, or similar) should provide their information on a separate form. Owners of multiple properties within the rezoning area may use one form to list all affected properties. Use additional forms if necessary.

E.1.1. Location of Properties Proposed for Rezoning	
Physical E-911 Address	PIN Number
<i>Street number, name, city, state, zip code. You may verify your E911 Address at https://discover.buncombecounty.org/</i>	<i>15-digit unique identifier for each parcel. PIN numbers can be found on your tax bill or online at https://gis.buncombecounty.org/buncomap/. Example: 965415728000000 or 9654-15-7280</i>
x 1 9688-08-0738-00000	↪ 1990 US HWY 70
2	← Swannanoa, NC - 28778
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E.1.2. Contact Information and Certification of All Owners of Above-Referenced Property or Properties.

By signing this document I hereby certify that I am the owner of the property or properties referenced herein, and that any information given that is incorrect will cause this application to become null and void. I hereby authorize Buncombe County Staff to enter upon the property referenced below for the purpose of processing this rezoning request. I acknowledge that withdrawal of this application after notice has been made will result in forfeiture of any application fees associated with said application. I hereby authorize the Applicant referenced below, to act as my representative for the purposes of this rezoning request.

	Owner Name	Corporate Title (if applicable)	Mailing Address <i>Street number, name, city, state, zip code</i>	Telephone Number	Email Address
7 1			1990 US Hwy. 70 Swannanoa, NC. 28778	(H) 828-298-7621 (C) 828-768-0675	rms.cms16@gmail.com
	Owner Signature: Date: 10-29-'19		Applicant/ Designated Representative - Name: Signature: Date:		
7 2			1990 US Hwy. 70 Swannanoa, NC 28778	(H) 828-298-7621 (C) 828-768-0675	rms.cms16@gmail.com
	Owner Signature: Date: 10-29-'19		Applicant/ Designated Representative - Name: Signature: Date:		
3					
	Owner Signature: Date:		Applicant/ Designated Representative - Name: Signature: Date:		
4					
	Owner Signature: Date:		Applicant/ Designated Representative - Name: Signature: Date:		