



**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): 966764450900000
 Address(es): 19 Staak Drive Asheville, NC 28803
 Acreage: 4.47

B. Zoning Classification

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

**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)**

<p><u>GRACEFUND1, LLC</u> Company/Corporate Name (if applicable)</p> <p><u>Ward Griffin</u> Applicant's Name</p> <p><u>PO Box 1948</u> Mailing Address</p> <p><u>Asheville, NC 28802</u> City, State, and Zip Code</p> <p><u>(828) 254-8897</u> Telephone</p> <p><u>ward@gracewnc.com</u> Email</p>	<p><u>BLT Enterprises, LLC, Doug Hill</u> Owner's Name <u>208 Charlotte Hwy</u> <u>490 Charlotte Hwy Unit 301</u></p> <p><u>Asheville, NC 28803</u> Mailing Address</p> <p><u>Asheville, NC 28803</u> City, State, and Zip Code</p> <p><u>(828-298)8093</u> Telephone</p> <p><u>hillsted@gmail.com</u> Email</p>
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OFFICE USE ONLY:

Case Number: ZPH 2022 - 00016 Date Received: 5/19/2022 Planner Assigned: Nate

Scheduled Planning Board Hearing Date: _____

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:

The tract in question adjoins another property of the same zoning as what is being requested. The corridor on which the property is located have many similar sized and zoned parcels. The rezoning would be in congruence with the properties and other activity in the corridor.

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:

The rezoning would enable mixed use and multifamily development in close proximity to a major transportation corridor with water and sewer already available. It would be outside of steep slope areas as well as outside of high elevation areas. It would be outside slope stability hazards and flood hazard areas.

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.

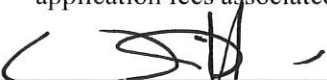
The rezoning would allow multifamily and mixed use development along a corridor in which it is greatly needed. The rezoning would be in alignment with most of the other parcels of similar size in the area. The rezoning would potentially bring much needed services to the area without negatively impacting the surrounding properties or stressing current roads or impacting traffic.

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.



Signature of Applicant


Signature of Applicant

Signature of Applicant


Signature of Applicant

Signature of Applicant

Signature of Applicant



Signature of Owner



Signature of Owner

Signature of Owner

Signature of Owner

Signature of Owner

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.</i> <i>You may verify your E911 Address at</i> https://discover.buncombecounty.org/	<i>15-digit unique identifier for each parcel. PIN numbers can be found on your tax bill or online at</i> https://gis.buncombecounty.org/buncomap/ . <i>Example: 965415728000000 or 9654-15-7280</i>
1	19 Staak Drive Asheville, NC 28803	966764450900000
2		
3		
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5		
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12		

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
1 Stephen D. Hill Owner Signature: <i>[Signature]</i> Date: 5/17/22		208 Charlotte Hwy Asheville NC 28803 Unit 300	828-775-8094	hillstd@gmail.com
2 CHARLES O. RANDOLPH JR Owner Signature: <i>[Signature]</i> Date: 5/17/22		208 CHARLOTTE HWY Asheville, NC 28803 UNIT 301	828-779-1906	chuckk@bellsouth.net
3				
4				



Application to Amend the Buncombe County Zoning Map: Owners' Affidavit

Planning and Development
www.buncombecounty.org

46 Valley Street
Asheville, NC 28801
Telephone (828) 250-4830
Fax (828) 250-6086

OWNERS' AFFIDAVIT

The persons listed below do hereby appear before a Notary Public and affirm that they are the legal owners of the property located at:

19 Staak Drive Asheville, NC 28803

PIN(s) # 966764450900000

The persons listed below do hereby give authorization and permission to:

Ward Griffin

of GRACEFUND1, LLC

(Name of Representative/Agent)

(Name of Organization)

to submit to Buncombe County a request to amend the zoning map for the above listed properties from:

Current zoning district: R-1

Requested zoning district: NS

This application will be submitted to be heard by the Planning Board in a public hearing on June 20, 2022 and to be subsequently heard by the Commissioners.

Owner's Name (Print)

Owner's Signature

Date

Stephen D Hill
CHARLES D. RANFORD, JR

[Handwritten signatures]

5/17/22
5/17/22

STATE OF NORTH CAROLINA
COUNTY OF BUNCOMBE

I, Maureen A Foster, a Notary Public of the County and State aforesaid, certify that

Stephen D Hill + Charles D Redford PROPERTY OWNER, personally appeared before me this day and voluntarily acknowledged the due execution of the foregoing instrument.

Witness my hand and official stamp or seal, this the 17 day of May, 2022

[Handwritten signature of Maureen A Foster]

Notary Public

My Commission Expires: Feb 2, 2024

MAUREEN A FOSTER
NOTARY PUBLIC
Buncombe County
North Carolina
My Commission Expires February 2, 2024

STATE OF NORTH CAROLINA
COUNTY OF BUNCOMBE

I, _____, a Notary Public of the County and State aforesaid, certify that
_____, PROPERTY OWNER, personally appeared before me this day and voluntarily
acknowledged the due execution of the foregoing instrument.

Witness my hand and official stamp or seal, this the ____ day of _____, 20__.

Notary Public

My Commission Expires:

STATE OF NORTH CAROLINA
COUNTY OF BUNCOMBE

I, _____, a Notary Public of the County and State aforesaid, certify that
_____, PROPERTY OWNER, personally appeared before me this day and voluntarily
acknowledged the due execution of the foregoing instrument.

Witness my hand and official stamp or seal, this the ____ day of _____, 20__.

Notary Public

My Commission Expires:

STATE OF NORTH CAROLINA
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acknowledged the due execution of the foregoing instrument.

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Notary Public

My Commission Expires: