

## **ZONING MAP AMENDMENT (REZONING) INFORMATION**

### **What is a Zoning Map Amendment (Rezoning)?**

The Official Zoning Map is a map, adopted by the Buncombe County Board of Commissioners, which breaks the unincorporated areas of Buncombe County into zoning districts. Regulations pertaining to each zoning district are described in the Buncombe County Zoning Ordinance, including a list of the land use types that may be permitted within each district. A land owner may submit an application for a Zoning Map Amendment ("Rezoning") to change the zoning district to which their property has been assigned. Once a property is rezoned, any use allowed in that Zoning district, as listed in *Section 78-641 Permitted Uses* of the Zoning Ordinance, could be permitted.

### **Who decides if I will get a Map Amendment?**

The proposed rezoning is first reviewed by the Buncombe County Planning Board, which makes a recommendation to approve or deny the proposal. The Planning Board's recommendation is then presented to the Board of Commissioners, which makes the final decision. The Planning Board and Board of Commissioners must consider issues of neighborhood compatibility, zoning consistency, and Comprehensive Land Use Plan priorities for development when considering a rezoning request.

### **When will my application be decided?**

The Planning Board meets the first and third Monday of every month at 9:30am. Staff will confirm your meeting date upon submittal of your application. The applicant or their chosen representative **should be present** at the meeting in order to receive a review by the Board. Applications must be received by the Planning Department 30 days prior to the scheduled Board meeting.

### **What is the process for obtaining a Map Amendment?**

1. **Pre-Conference:** Complete a pre-submittal conference with the Zoning Administrator to review the proposed rezoning.
2. **Submit Application:** At least 30 days prior to the public hearing date.
3. **Public Notice # 1:** Public notice procedures for the Planning Board hearing will be conducted by County staff. Staff must notify all property owners within 1,000 feet of the property in addition to online and newspaper legal advertisements of the public hearing.
4. **Public Hearing # 1:** The Planning Board will hear a summary of Staff's recommendations, information presented by the applicant, statements by the public, and will recommend approval or denial.
5. **Public Notice # 2:** Public notice procedures are repeated for the Board of Commissioner's meeting.
6. **Public Hearing # 2:** The Board of Commissioners will review Planning Board and Staff recommendations, hear statements by the public, and make a final decision at a public hearing to approve or deny the proposal.

### **Is the Board of Commissioner's decision the final step?**

Yes. The Zoning Map amendment process is complete, and the Board of Commissioner's decision takes effect, immediately following a majority decision to approve or deny the request. Once approval is received, the applicant may seek approval to develop the property in accordance with the Zoning, Subdivision, and other ordinance requirements for the approved Zoning district.

### **What else should I know?**

Sometimes, an application is continued to another meeting due to a lack of a quorum or insufficient information, or sent back to the Planning Board for further deliberation. If this occurs, please note that the change in your Planning Board meeting date will also alter your scheduled Board of Commissioners meeting date. Contact the Planning Department for any questions about your assigned meeting dates.



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

# Application for a Zoning MAP AMENDMENT (Rezoning)

A PRE-SUBMITTAL CONFERENCE WITH THE PLANNING DEPARTMENT  
IS REQUIRED PRIOR TO SUBMITTAL.

## 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 it pertains to the following properties:

PIN(s): 961999872000000

Address(es): 31 MOUNT CARMEL PL

Acreage: 1.11

## B. Zoning Classification

Current zoning district(s): R 1 Requested zoning district(s)\*: R 3

*\*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)

LOCUST GROVE MHP LLC  
Company/Corporate Name (if applicable)

CLYDE MOTLEY  
Applicant's Name

114 MEDFORD BR RD  
Mailing Address

CANDLER N.C. 28715  
City, State, and Zip Code

(828) 231-9144  
Telephone

MOTLEYCLYDE1121@GMAIL.COM  
Email

CLYDE MOTLEY  
Owner's Name

114 MEDFORD BR RD  
Mailing Address

CANDLER N.C. 28715  
City, State, and Zip Code

(828) 231-9144  
Telephone

MOTLEYCLYDE1121@GMAIL.COM  
Email

OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Pre-Submittal meeting with: \_\_\_\_\_

Case Number: ZPH \_\_\_\_\_ - \_\_\_\_\_

Owner's Affidavit Submitted: ☐ Yes ☐ No

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:

MOST OF THE PROPERTIES SURROUNDING  
THIS TRACT IS ZONE R-3

2. Describe how the proposed rezoning is consistent with Buncombe County's Comprehensive Land Use Plan. Please reference the most current adopted version - 2013 Update (*available on the BC Planning Department website*).

IT MEETS ALL REQUIREMENTS OF THE  
LAND USE PLAN

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.

WILL BE ABLE TO OFFER MORE  
AFFORDABLE HOUSING

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 Owner

\_\_\_\_\_  
Signature of Applicant

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Signature of Owner

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Signature of Applicant

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Signature of Owner

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Signature of Applicant

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Signature of Owner

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Signature of Applicant

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Signature of Owner

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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.

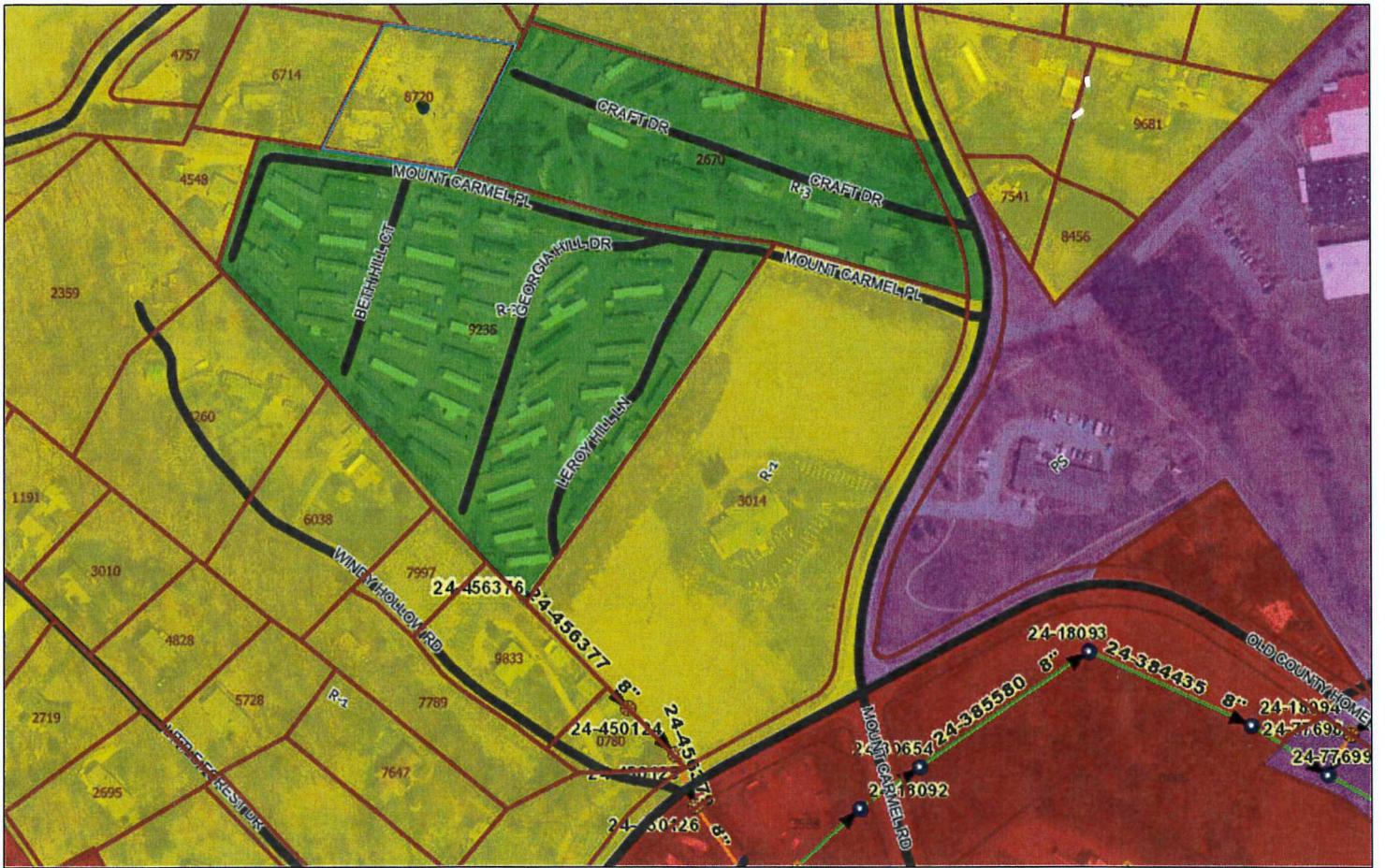
E.1.1. Location of Properties Proposed for Rezoning	
Physical E-911 Address	PIN Number
Street number, name, city, state, zip code. You may verify your E911 Address at <a href="https://discover.buncombecounty.org/">https://discover.buncombecounty.org/</a>	15-digit unique identifier for each parcel. PIN numbers can be found on your tax bill or online at <a href="https://gis.buncombecounty.org/buncomap/">https://gis.buncombecounty.org/buncomap/</a> . Example: 965415728000000 or 9654-15-7280
1 31 MTCARMELO RD ASHEVILLE NC 28806	961999872000000
2	
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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	CHYDE MOTLEY		114 MEDFORD BR RD CANDLER NC 28715	828-231-9144	MOTLEYCHYDE1121 @GMAIL.COM LOWER CASE
	Owner Signature: Date:		Applicant/ Designated Representative - Name: Signature: Date:		
2					
	Owner Signature: Date:		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:		



November 16, 2022

