

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): 9634 7536 0900 000
 Address(es): 565 Long Shoals Road Arden, NC 28704
 Acreage: 4.97

B. Zoning Classification

Current zoning district(s): NS 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)

Long Shoals Business Center LLC
 Company/Corporate Name (if applicable)
Li Yueh Hu
 Applicant's Name
1000 Pearl Mist Dr. SW
 Mailing Address
Lilburn, GA 30047
 City, State, and Zip Code
(678) 697 9827
 Telephone
liyuehhu@gmail.com
 Email

Ting Kuo Yu Li Yueh Hu
 Owner's Name
1000 Pearl Mist Dr. SW
 Mailing Address
Lilburn, GA 30047
 City, State, and Zip Code
(470) 779 9707
 Telephone
liyuehhu@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:

Our lot is 4.97 acres, comparable to the adjacent lot of 5.35 acres. In 2020 this adjacent lot, 569 Long Shoals Rd, has been re-zoned into CS.

2. Describe how the proposed rezoning is consistent with the Buncombe 2043 Comprehensive Plan.

Please reference the most current version (available on the BC Planning Department website).

Buncombe County has witnessed a large influx of new residents over the past decade. To support this population growth, new, affordable housing is needed. The reclassification of our parcel at 565 Long Shoals Rd from NS to CS will open up more development opportunities such as small lot, compact housing units. This will promote equity by keeping housing affordable to disadvantaged individuals in the area. Furthermore, the rezoning from NS to CS will encourage more diverse services to come to our business park. This will better serve residents without a car and promote equity. For example, a CS zoning allows for hospitals and other inpatient health care facilities, so individuals living in apartments nearby will be able to get medical care by walking to our business park. Also, a CS designation allows for retail services such as supermarkets. Individuals from nearby communities will be able to get groceries without a car. In summary, we believe that the rezoning of our parcel will help support the growth of community and foster equity.

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.

Since there are multiple large scale apartment complexes in the area, we believe that the re-classification of our property to CS will produce little adverse effect to the community in terms of traffic or noise. On the other hand, our property stands to benefit the growing community by expanding the diversity of services in the area.

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.

Wueh Hu
Signature of Applicant

Li Yeh Hu
Signature of Owner

Signature of Applicant

Ting Kuo Yu
Signature of Owner

Signature of Applicant

Signature of Owner

Signature of Applicant

Signature of Owner

Signature of Applicant

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	<i>Street number, name, city, state, zip code. You may verify your E911 Address at https://discover.buncombecounty.org/</i>	PIN Number	<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>
1	565	Long Shoals Road Arden, NC 28704	9634	7536 0900 000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
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	Li Yueh Hu		1000 Pearl Mist Dr. SW Lilburn, GA 30047	678 697 9827	liyuehhu@gmail.com
	Owner Signature: <i>Li Yueh Hu</i> Date: <i>Jan 103/2023</i>		Applicant/ Designated Representative - Name: Signature: _____ Date: _____		
2	Ting Kuo Yu		1000 Pearl Mist Dr. SW Lilburn, GA 30047	470 779 9707	
	Owner Signature: <i>Ting-kuo Yu</i> Date: <i>Jan 103/2023</i>		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: _____		

E.1.2. Contact Information and Certification of All Owners continued.

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	Owner Name	Corporate Title (if applicable)	Mailing Address <i>Street number, name, city, state, zip code</i>	Telephone Number	Email Address
5					
	Owner Signature: Date:		Applicant/ Designated Representative - Name: Signature: Date:		
6					
	Owner Signature: Date:		Applicant/ Designated Representative - Name: Signature: Date:		
7					
	Owner Signature: Date:		Applicant/ Designated Representative - Name: Signature: Date:		
8					
	Owner Signature: Date:		Applicant/ Designated Representative - Name: Signature: Date:		

E.1.2. Contact Information and Certification of All Owners continued.

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	Owner Name	Corporate Title (if applicable)	Mailing Address <i>Street number, name, city, state, zip code</i>	Telephone Number	Email Address
9					
	Owner Signature: Date:		Applicant/ Designated Representative - Name: Signature: Date:		
10					
	Owner Signature: Date:		Applicant/ Designated Representative - Name: Signature: Date:		
11					
	Owner Signature: Date:		Applicant/ Designated Representative - Name: Signature: Date:		
12					
	Owner Signature: Date:		Applicant/ Designated Representative - Name: Signature: Date:		