



**Buncombe County Government**  
**Application for Amending the Buncombe County Zoning**

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Planning and Development  
www.buncombecounty.org

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

Application is hereby made to the Board of Commissioners of Buncombe County to amend:

- ( ) the Zoning Map (complete sections A and C below)
- ( ) the text of the Zoning Ordinance (complete sections B and C below)

A. *If the application to amend the Zoning Map, provide the following:*

**1. Property description:**

- (a) Property Identification Number(s): \_\_\_\_\_
- (b) Address of Property(s) : \_\_\_\_\_
- (c) Acreage of Property: \_\_\_\_\_

**2. Zoning Classification:**

Current zoning district: \_\_\_\_\_ Requested zoning district: \_\_\_\_\_

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

- (a) Describe how the size of the tract proposed for rezoning in reference to surrounding properties makes it suitable for the proposed zoning classification:

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- (b) Describe how the proposed re-zoning is consistent with Buncombe County's Comprehensive Land Use Plan (available on the County website):

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- (c) Describe how the proposed re-zoning would affect surrounding properties and uses:

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- (d) Describe the benefits and/or detriments of the proposed re-zoning to the following groups:

- o Owner(s):

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○ Adjacent Neighbors:

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○ Surrounding Community:

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***B. If the application is to amend the text of the Zoning Ordinance, provide the following (if necessary attach a separate sheet of paper):***

**1. Specific section(s) of the Zoning Ordinance affected:**

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**2. Description of requested change (including proposed changes to text):**

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**3. Reason(s) for the requested amendment(s):**

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***C. Contact information***

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**Owner's/Applicant's Name**

**Mailing Address (including town/city, state, and zip)**

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**Telephone**

**Email Address**

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**Signature of Owner/Applicant**

***Withdrawal of an application after notice has been made will result in forfeiture of any application fees associated with said application.***

**OFFICE USE ONLY:**

**Date received:** \_\_\_\_\_

**Staff Recommendation**

**Case number:** \_\_\_\_\_

approval

**Scheduled Planning Board Hearing Date:** \_\_\_\_\_

denial

**Scheduled Board of Commissioners Hearing Date:** \_\_\_\_\_