

**Buncombe County Board of Adjustment  
Request to Participate in Hearing as a Party with Standing**

I, the undersigned, would like to participate in Board of Adjustment Hearing No.: \_\_\_\_\_ as a Party with Standing.  
*(You may insert the name of the Parties and/or the Project if you do not know the case number).*

My Full Name: \_\_\_\_\_

My Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Telephone: \_\_\_\_\_ *(optional)*

My Email: \_\_\_\_\_ *(optional)*

*This form will be used by the Board of Adjustment (“Board”) to assist it in evaluating whether you have standing. You must fill out this form completely and may attach additional pages if necessary. Only the Board may grant standing. Submitting this form does not mean that you have standing. The Board reserves the right to grant standing based on the contents of this form if a proper showing of standing is made, to deny standing if the contents of this form fail to show valid grounds for standing, and to make further inquiries regarding any standing issue at the hearing. Any party who is denied standing will be allowed to participate as a witness, however, any testimony given must be competent, relevant, and substantive to the issue before the Board.*

I, the Undersigned, certify as follows *(check and fill out all that apply)*:

- I have the following interest in the property that is the subject of this hearing:
  - An ownership interest in the property that is the subject of the hearing; or
  - A leasehold interest in the property that is the subject of the hearing; or
  - An interest in the property that is the subject of the hearing created by:
    - Easement; or
    - Restriction; or
    - Covenant
  
- I will suffer special damages as the result of the proposed action that is the subject of this hearing, specifically *(must be completed if box is checked attach additional pages if needed)*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- The damages I will suffer are distinct from those damages to the public at large, specifically *(must be completed if box is checked attach additional pages if needed)*:

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- The damages I will suffer are not distinct from those damages to the public at large or unique, they impact the entire community, specifically (*must be completed if box is checked attach additional pages if needed*):

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- I will not suffer special damages, however, I would like an opportunity to be heard by the Board.
- I represent an incorporated or unincorporated association to which owners or lessees of property in a designated area belong by virtue of their owning or leasing property in that area, or an association otherwise organized to protect and foster the interest of the particular neighborhood or local area (i.e. a homeowners association), and

- At least one (1) member of said association, \_\_\_\_\_ (*print name of member*), would have standing as an individual to challenge the decision being appealed, specifically:

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- Said association was not created in response to the particular development or issue that is the subject of the appeal.
- I consent to this hearing being held remotely pursuant to N.C. Gen. Stat § 166A-19.24, if applicable.

By signing Below, I the undersigned, certify that the information contained herein is true and correct to the best of my knowledge.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)

**NOTE: This form must be return to the Buncombe County Planning Department at least 24 hours prior to the hearing referenced above. You may either email the form to: [planninginfo@buncombecounty.org](mailto:planninginfo@buncombecounty.org) or mail the form to Attn: Buncombe County Planning – BOA Hearing Materials, 46 Valley St, Asheville, NC 28801, in such a manner that it is delivered at least 24 hours prior to the hearing referenced above.**