



## REZONING AND CONCEPT PLAN APPLICATION

REZONING     CONDITIONAL ZONING     LEVEL 3 PROJECT     CONDITIONAL USE PERMIT

APPLICATION DATE: \_\_\_\_\_

BP # \_\_\_\_\_

PZ # \_\_\_\_\_

### Property Owner's Information

- 1) Owner's Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Owner's Signature: \_\_\_\_\_ Email: \_\_\_\_\_
- 2) Owner's Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Owner's Signature: \_\_\_\_\_ Email: \_\_\_\_\_

### Location of Subject Property (s)

- 1) Street Address: \_\_\_\_\_ PIN: \_\_\_\_\_
- 2) Street Address: \_\_\_\_\_ PIN: \_\_\_\_\_
- 3) Street Address: \_\_\_\_\_ PIN: \_\_\_\_\_

### Description of Request

REZONING OR CONDITIONAL ZONING (CZ) REQUEST

Current Zoning District(s): \_\_\_\_\_ Proposed Zoning District: \_\_\_\_\_

Description: \_\_\_\_\_

LEVEL 3 SITE PLAN REVIEW OR CONDITIONAL USE PERMIT

Current Zoning District(s): \_\_\_\_\_

Description: \_\_\_\_\_

### OFFICE STAFF ONLY:

Fee Paid: \$ \_\_\_\_\_ Received: \_\_\_\_\_ Cash / Check No. \_\_\_\_\_

**OWNER'S AFFIDAVIT**

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

\_\_\_\_\_

PIN # \_\_\_\_\_.

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

\_\_\_\_\_ of \_\_\_\_\_

(Name of Representative/Agent)

(Name of Organization)

to submit to the City of Asheville the following request for the above referenced property:

- REZONING
- CONDITIONAL ZONING
- CONDITIONAL USE PERMIT
- MAJOR WORK CERTIFICATE OF APPROPRIATNESS
- SITE PLAN REVIEW
- SUBDIVISION REVIEW

The persons listed below also consent to all conditions and/or stipulations that may be imposed or adopted by the City of Asheville, as part of the petition/application approval.

<u>Owner's Name (Print)</u>	<u>Owner's Signature</u>	<u>Date</u>

STATE OF NORTH CAROLINA  
\_\_\_\_\_ COUNTY

On the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, the person(s) listed above personally appeared before me, who executed the foregoing document, and each acknowledged that he/she executed the same and being sworn by me, made oath that the statements in the foregoing document are true.

\_\_\_\_\_  
Notary Public  
Printed Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

(Seal)