



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

I (we) the undersigned do hereby give permission to:

(Agent's name or Organization) _____ to file a
petition / application for property located at _____, and having the
PIN _____.

I (we) understand that this affidavit is for the purpose of requesting a:

- | | |
|---|--|
| <input type="checkbox"/> REZONING | <input type="checkbox"/> LEVEL THREE PLAN REVIEW |
| <input type="checkbox"/> CONDITIONAL ZONING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> CONDITIONAL USE PERMIT | |

from the Asheville City Council of City of Asheville, North Carolina.

OR

I (we) understand that this affidavit is for the purpose of requesting a:

- | |
|---|
| <input type="checkbox"/> LEVEL TWO PLAN REVIEW |
| <input type="checkbox"/> MAJOR SUBDIVISION REVIEW |
| <input type="checkbox"/> OTHER: _____ |

from the City of Asheville's Technical Review Committee (TRC).

I further understand that my signature is a consent to all conditions and/or stipulations that may be imposed or adopted by the approving body noted above, as part of the petition / application approval.

OWNER:

If you would like to be notified of meetings, in addition to your agent's notification, check the box next to "Please Notify" below and provide email or mailing address.

1) Owner's Name (PRINT): _____

Signature: _____ Date: _____

Please Notify - Address: _____

2) Owner's Name (PRINT): _____

Signature: _____ Date: _____

Please Notify - Address: _____

AGENT'S INFORMATION:

How do you prefer to be contacted: _____ Email _____ Phone _____ US Mail

Name (PRINT): _____ EMAIL: _____

Phone No.: _____ Cell: _____ Fax No: _____

Mailing Address: _____