

My Commission Expires:

Application to Amend the Buncombe County Zoning Map: Owners' Affidavit

Planning and Development www.buncombecounty.org

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

APPLICANT'S AFFIDAVIT: CERTIFICATION TO THE BOARD OF COMMISSIONERS OF NOTICE

I,	, the undersigned applicant, do hereby certify that	
[name(s) of owner(s)] has/have receive	ved actual notice of the proposed amendment and a copy	of the
notice of public hearing for the		
Planning Board/Board of Commission	oners (circle one) meeting scheduled for	, 20
pursuant to the North Carolina General	al Statutes, for consideration of rezoning for property loca	ated at:
PIN(s) #		·
Current zoning district:	Requested zoning district:	·
Notice was provided in the following multiple applicants please provide a	g manner (check one; if a variety methods were utilize a separate form for each method):	ed to reach
☐ Certified mail with return recei	ipt (return receipts will be forwarded to the Planning De	epartment
upon receipt).		
☐ Personal delivery on	, 20, at	
(location):		·
☐ Service processor (service proc	cessor receipt enclosed).	
STATE OF NORTH CAROLINA COUNTY OF BUNCOMBE		
I,	, a Notary Public of the County and State aforesaid	d, certify
that, A	APPLICANT, personally appeared before me this day and	b
voluntarily acknowledged the due exec	cution of the foregoing instrument.	
Witness my hand and official s	stamp or seal, this the day of,	20
	N	
	Notary Public	