

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

OWNERS' AFFIDAVIT

The persons listed below do hereby appear before a Notary Public and affirm that they are the legal owners of the property located at:								
PIN(s) #								
The persons listed below do hereby give								
	of							
(Name of Representative/Agent)	(Name of Organization)							
to submit to Buncombe County a reque	est to amend the zoning map for the ab	pove listed properties from:						
Current zoning district:	Requested zoning district:							
This application will be submitted, 20 and to b	to be heard by the Planning Boate subsequently heard by the Commiss							
Owner's Name (Print)	Owner's Signature	<u>Date</u>						
STATE OF NORTH CAROLINA COUNTY OF BUNCOMBE								
I,	, a Notary Public of the County and Sta	ate aforesaid, certify that						
, PROPER	TY OWNER, personally appeared before	me this day and voluntarily						
acknowledged the due execution of the for	regoing instrument.							
Witness my hand and official star	mp or seal, this the day of	, 20						
	Notary Public							
My Commission Expires:								

STATE OF NORTH CAROLINA COUNTY OF BUNCOMBE

I,	, a Notary Public of the County and State aforesaid, certify that					
	_, PROPERTY OWNER, per	son	ally appeared bef	ore me this day	and voluntarily	
acknowledged the due executi	on of the foregoing instrumen	t.				
Witness my hand and	official stamp or seal, this the	;	day of	,	20	
My Commission Expires:		— No	tary Public			
STATE OF NORTH CAROL COUNTY OF BUNCOMBE	INA					
Ι,	, a Notary Publ	ic c	of the County and	State aforesaid	l, certify that	
	, PROPERTY OWNER, per	son	ally appeared bef	ore me this day	and voluntarily	
acknowledged the due executi				·	·	
Witness my hand and	official stamp or seal, this the	:	day of	,	20	
My Commission Expires:		No	tary Public			
STATE OF NORTH CAROL COUNTY OF BUNCOMBE	INA					
I,	, a Notary Publ	ic o	of the County and	State aforesaid	l, certify that	
	_, PROPERTY OWNER, per	son	ally appeared bef	ore me this day	and voluntarily	
acknowledged the due executi						
Witness my hand and	official stamp or seal, this the	:	day of	,	20	
My Commission Expires:		 No	tary Public			