



**BUNCOMBE COUNTY**  
 PLANNING & DEVELOPMENT  
 (828) 250-4830 - PlanningInfo@BuncombeCounty.org  
 www.buncombecounty.org/planning

**Application for a Zoning  
 MAP AMENDMENT  
 (Rezoning)**

A PRE-SUBMITTAL CONFERENCE WITH THE PLANNING DEPARTMENT  
 IS REQUIRED PRIOR TO SUBMITTAL.

**A. Property Information**

Application is hereby made to the Board of Commissioners of Buncombe County to amend the Official Zoning Map of Buncombe County as it pertains to the following properties:

PIN(s): 9619-86-2572

Address(es): 14 Hitching Post Lane

Acreeage: 10.35 of a 19.68 tract Available Utilities:  Public water  Private well  
 Public MSD Sewer  Private septic

**B. Zoning Classification**

Current zoning district(s): R-2 Requested zoning district(s)\*: CS

*\*If only a portion of the property is requested to be rezoned, or a rezoning to include more than one zoning district is proposed, please enclose a map indicating the area(s) of the property to be considered for rezoning.*

**C. Applicant Contact Information** **Property Owner Contact Information (If different)**

<p><u>Equity Development Group, LLC</u>  <b>Company/Corporate Name (if applicable)</b></p> <p><u>Barney Danzansky</u>  <b>Applicant's Name</b></p> <p><u>6420 Congress Avenue, Suite 1800</u>  <b>Mailing Address</b></p> <p><u>Boca Raton, FL 33487-2811</u>  <b>City, State, and Zip Code</b></p> <p><u>( 561 ) 212-7563</u>  <b>Telephone</b></p> <p><u>barney@danzansky.com</u>  <b>Email</b></p>	<p><u>Harry &amp; Marjorie Clay</u>  <b>Owner's Name</b></p> <p><u>14 Hitching Post Lane</u>  <b>Mailing Address</b></p> <p><u>Asheville, NC 28806</u>  <b>City, State, and Zip Code</b></p> <p><u>( 828 ) 545-0926</u>  <b>Telephone</b></p> <p><b>Email</b></p>
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*OFFICE USE ONLY:*

Date Received: \_\_\_\_\_ Case Number: ZPH \_\_\_\_\_ - \_\_\_\_\_

Pre-Submittal meeting with: \_\_\_\_\_ Owner's Affidavit Submitted:  Yes  No

Planning Board Hearing Date: \_\_\_\_\_

**D. MAP AMENDMENT CONSISTENCY & APPROPRIATENESS**

**Please answer the following questions (if necessary attach a separate sheet of paper):**

1. Describe how the size of the tract proposed for rezoning in reference to surrounding properties makes it suitable for the proposed zoning classification:

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The site proposed for rezoning is approximately 10.3 acres. Its large size along with its adjacency to New Leicester Highway (a major multi-laned State highway), relatively flat topography, proximity to existing high intensity commercial and residential developments and accessibility to public water and sewer makes it ideal for the Commercial Service District classification and its allowed land uses that are compatible with the surrounding community or neighborhood.

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2. Describe how the proposed rezoning is consistent with the Growth, Equity, and Conservation Framework from Buncombe County’s 2043 Comprehensive Plan (*available on the BC Planning Department website, section starts on page 46 in the Plan*).

The proposed CS rezoning is consistent with the Buncombe County 2043 Comprehensive Plan in many ways. The property sits squarely within the section of New Leicester Highway that was recently upgraded and improved by the State of North Carolina Department of Transportation with addition vehicular lanes. This area currently consists of high intensity commercial (Mt Carmel Intersection with retail sales) and residential developments (i.e., several large apartment complexes at 16 units per acre). With the existing transportation and public utility investments, and existing and trending land use characteristics, this area is a growth corridor that it is well set up for further planned development, including community commercial retail. Consistent with the County’s Growth, Equity and Conservation Framework, the CS District would offer a fuller range of services and amenities to the surrounding community or neighborhood that is partially developed with a mix of residential and commercial or retail developments. The proposed rezoning would guide development towards areas with adequate infrastructure and development potential that will support the needs of the surrounding community while promoting conservation in areas prioritized for environmental or agricultural protection (See pages 146-148 of the Comp. Plan).

3. Describe how the proposed rezoning would be reasonable and in the public interest, with specific attention to the zoning and existing land uses of surrounding properties, and the potential effects of the proposed rezoning on property owners, adjacent neighbors, and the surrounding community.

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It is reasonable and in the public interest to direct higher intensity development associated with the CS District to areas, like New Leicester Highway near the Mt. Carmel intersection, where significant public investment in infrastructure has already occurred (i.e., transportation and utility networks). This promotes the stability of rural areas that do not possess such infrastructure. The CS District’s allowed uses are compatible with the large apartment complexes in this area and the larger retail services and facilities around the New Leicester Highway/Mt. Carmel intersection and near the city limit boundaries of Asheville.

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4. Is/are the applicant(s) listed below the owner(s) of the property?  Yes  No

*If the applicant(s) listed herein are not the owner(s) as listed within the Buncombe County Tax Records, North Carolina General Statutes require the applicant to certify that the owner(s) received notice for each public hearing. An owner's affidavit must be submitted with this application, and certification of notice must be provided by the applicant once notice has been made for each public hearing 5 days prior to the hearing date; sample documents for both items can be obtained from the Planning Department.*

**E. CERTIFICATION**

- I hereby certify that I am the owner, authorized agent of the owner, or have provided legal notification to the owner, and the above information is correct to the best of my knowledge and hereby make application for a Zoning Map Amendment. Any information given that is incorrect will cause this application to become null and void.
- I acknowledge that withdrawal of this application after notice has been made will result in forfeiture of any application fees associated with said application.

\_\_\_\_\_  
**Signature of Applicant**

Bernard Danzansky

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Signature of Owner**

Phyllis Clay Butt, Authorized Representative

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Signature of Owner**



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NOTE TO USER: THIS VERSION OF SECTION E. CERTIFICATION IS FOR USE IN CASES WHERE NUMEROUS PROPERTIES, OWNED BY NUMEROUS PROPERTY OWNERS, ARE INVOLVED IN THE REZONING APPLICATION

**Application for a Zoning  
 MAP AMENDMENT  
 Multiple Lots and Owners**

**E. CERTIFICATION**

**E.1. Required Information:** Each property owner who is participating in this rezoning application must complete this form. Each owner or group of owners (corporation, LLC, trust, or similar) should provide their information on a separate form. Owners of multiple properties within the rezoning area may use one form to list all affected properties. Use additional forms if necessary.

<b>E.1.1. Location of Properties Proposed for Rezoning</b>		
	<b>Physical E-911 Address</b> <i>Street number, name, city, state, zip code. You may verify your E911 Address at <a href="https://discover.buncombecounty.org/">https://discover.buncombecounty.org/</a></i>	<b>PIN Number</b> <i>15-digit unique identifier for each parcel. PIN numbers can be found on your tax bill or online at <a href="https://gis.buncombecounty.org/buncomap/">https://gis.buncombecounty.org/buncomap/</a>. Example: 965415728000000 or 9654-15-7280</i>
1	14 Hitching Post Lane, Asheville, NC 28806	9619-86-2572
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

**E.1.2. Contact Information and Certification of All Owners of Above-Referenced Property or Properties.**

By signing this document I hereby certify that I am the owner of the property or properties referenced herein, and that any information given that is incorrect will cause this application to become null and void. I hereby authorize Buncombe County Staff to enter upon the property referenced below for the purpose of processing this rezoning request. I acknowledge that withdrawal of this application after notice has been made will result in forfeiture of any application fees associated with said application. I hereby authorize the Applicant referenced below, to act as my representative for the purposes of this rezoning request.

Owner Name	Corporate Title (if applicable)	Mailing Address <i>Street number, name, city, state, zip code</i>	Telephone Number	Email Address
1 Harry & Marjorie Clay		14 Hitching Post Lane, Asheville, NC 28806	828-545-0926	
Owner Signature: Date:		Applicant/ Designated Representative - Name: Phyllis Clay Butt, Representative (see attached) Signature: <i>Phyllis C Butt</i>	Date: <i>10/27/24</i>	
2 Owner Signature: Date:		Applicant/ Designated Representative - Name: Signature:	Date:	
3 Owner Signature: Date:		Applicant/ Designated Representative - Name: Signature:	Date:	
4 Owner Signature: Date:		Applicant/ Designated Representative - Name: Signature:	Date:	

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Doc ID: 035623910006 Type: CRP  
Recorded: 09/28/2022 at 01:38:41 PM  
Fee Amt: \$26.00 Page 1 of 6  
Workflow# 0000794330-0001  
Buncombe County, NC  
Drew Reisinger Register of Deeds  
BK 6262 PG 1453-1458

Power of Attorney  
TYPE OF DOCUMENT

GRANTOR: Margorie C Clark

GRANTEE: Phyllis C Bott

PREPARED BY: 1

MAIL TO: Phyllis Bott  
32 Hansel Ave  
Asheville NC 28806

*Original document returned to customer at time of recording*

# NORTH CAROLINA GENERAL POWER OF ATTORNEY OF

I, Marjorie C Clay (the "Principal"), with a mailing address of 4 Hitching Post Lane, State of NC ("", hereby designate Phyllis C Butt ("Attorney-in-Fact"), with a mailing address of 32 HANSEL AVE, State of NC, my Attorney-in-Fact, to act as set forth below, in my name, in my stead and for my benefit, hereby revoking any and all powers of attorney I may have executed in the past.

## I. POWERS

I confer upon my Attorney-in-Fact the power to act on my behalf and in my stead, as if I were present, and to exercise or perform the acts or powers I have designated with my initials as set forth below.

My Attorney-in-Fact, shall NOT have the power to act on my behalf if I have not so designated with my initials

*MCC* **1. Power to Make Payments or Collect Monies Owed.** My Attorney-in-Fact has the power to make any payments on any accounts I may owe and to hold, collect and request any sums that may be due, owing or payable to me or in which I may hereinafter acquire an interest, in whatever form, whether liquidated or un-liquidated, to have, use, and take all lawful means in my name for the collection and recovery thereof, and to adjust, sell, compromise, and agree for the same and to execute and deliver for me, on my behalf, and in my name, all endorsements, releases, receipts, or other sufficient discharges for the same;

*MCC* **2. Power to Acquire, Lease and Sell Personal Property.** To acquire, purchase, exchange, lease, grant options to sell, and sell and convey personal property, or any interests therein, on such terms and conditions, including credit arrangements, as my Attorney-in-Fact shall deem proper; to execute, acknowledge and deliver, under seal or otherwise, any and all assignments, transfers, titles, papers, documents or instruments which my Attorney-in-Fact shall deem necessary in connection therewith; to purchase, sell or otherwise dispose of, assign, transfer and convey shares of stock, bonds, securities and other personal property now or hereafter belonging to me, whether standing in my name or otherwise, and wherever situated;

*MCC* **3. Power to Acquire, Lease and Sell Real Property.** To acquire, purchase, exchange, lease, grant options to sell, and sell and convey real property, or any interests therein, on such terms and conditions, including credit arrangements, as my Attorney-in-Fact shall deem proper; to execute, acknowledge and deliver, under seal or otherwise, any and all assignments, transfers, deeds, papers, documents or instruments which my Attorney-in-Fact shall deem necessary in connection therewith;

*MCC* **4. Management Powers.** To maintain, repair, improve, invest, manage, insure, rent, lease, encumber, and in any manner deal with any real or personal property, tangible or intangible, or any interests therein, that I now own or may hereafter acquire, in my



name and for my benefit, upon such terms and conditions as my Attorney-in-Fact shall deem proper;

*mc* **5. Banking Powers.** To open and close accounts, make, receive, and endorse checks and drafts, deposit and withdraw funds, acquire and redeem certificates of deposit, in banks, savings and loan associations, and other institutions, execute or release such deeds of trust or other security agreements as may be necessary or proper in the exercise of the rights and powers herein granted;

*mc* **6. Motor Vehicles.** To apply for a Certificate of Title upon, and endorse and transfer title thereto, for any automobile, truck, pickup truck, van, motorcycle, or other motor vehicle, and to represent in such transfer or assignment that the title to said motor vehicle is free and clear of all liens and encumbrances except those specifically set forth in such transfer or assignment;

*mc* **7. Tax Powers.** To act without limitation on my behalf with regard to federal income taxes (Forms 1040, 1040EZ, 1040X, etc.), state and local income taxes, estate, gift (Form 709) and other tax returns of all sorts, whether federal or state and local, including where appropriate joint returns, FICA returns, payroll tax returns, claims for refunds, requests for extensions of time to file returns or pay taxes, extensions and waivers of applicable periods of limitation, protests and petitions to administrative agencies or courts, including the tax court, regarding tax matters, and any and all other tax related documents, including but not limited to consents and agreements under Section 2032A of the Internal Revenue Code or any successor section thereto and consents to split gifts and closing agreements, for all tax periods from 1980 through 2050, and for all jurisdictions; to complete Internal Revenue Service Form 2848, Power of Attorney and Declaration of Representative (or other prescribed form) on my behalf as well as to perform all other functions contemplated by that form whether they are required or merely permissible; to consent to any gift and to utilize any gift-splitting provisions or other tax election; and to prepare, sign, and file any claims for refund of any tax; to post bonds, receive confidential information and contest deficiencies determined by the Internal Revenue Service or any state or local taxing authority; to exercise any and all elections that I may have under federal, state or local tax laws including without limitation the allocation of any generation-skipping tax exemption to which I may be entitled; to the extent that I may have omitted some power or discretion, some tax period, some form or some jurisdiction, I hereby grant to my Attorney-in-Fact the power to amend the Internal Revenue Service form power of attorney (presently Form 2848 or Form 2848-D) in my name;

*mc* **8. Safe-Deposit Boxes.** To have access at any time or times to any safe-deposit box rented by me or to which I may have access, where so ever located, including drilling, if necessary, and to remove all or any part of the contents thereof, and to surrender or relinquish said safe-deposit box; and any institution in which any such safe-deposit box may be located shall not incur any liability to me or my estate as a result of permitting my Attorney-in-Fact to exercise this power;

*mc* **9. Gift Making Powers.** To make gifts, grants, or other transfers (including the forgiveness of indebtedness and the completion of any charitable pledges I may have made) without consideration, either outright or in trust to such person(s) (including my Attorney-in-Fact hereunder) or organizations as my Attorney-in-Fact shall select, including, without limitation, the following actions: (a) transfer by gift in advancement of a bequest or devise to beneficiaries under my will or in the absence of a will to my spouse and descendants in whatever degree; and (b) release of any life interest, or waiver, renunciation, disclaimer, or declination of any gift to me by will, deed, or trust;

*mc* **10. Lending and Borrowing.** To make loans in my name; to borrow money in my name, individually or jointly with others; to give promissory notes or other obligations



therefor; and to deposit or mortgage as collateral or for security for the payment thereof any or all of my securities, real estate, personal property, or other property of whatever nature and wherever situated, held by me personally or in trust for my benefit;

*MCE* 11. **Contracts.** To enter into contracts of whatever nature or kind in my name;

*MCE* 12. **Health Care.** To take any and all steps necessary to arrange for my admission to any type of health care facility, including, without limitation, a hospital, rehabilitation facility, skilled nursing facility, or hospice, and to authorize the release of my medical records in the discretion of my Attorney-in-Fact;

*MCE* 13. **HIPAA.** To have the power and authority as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191);

*MCE* 14. **Power to Hire and Pay for Services.** To retain such accountants, attorneys, social workers, consultants, clerks, employees, workers, or other persons as my agent shall deem appropriate in connection with the management of my property and affairs and to make payments from my assets for the fees of such persons so employed;

*MCE* 15. **Reimbursement of Attorney-in-Fact.** To reimburse my Attorney-in-Fact for any reasonable expenses incurred in connection with such services; and

*MCE* 16. **Power to Sue Third Parties Who Fail to Act Pursuant to Power of Attorney.** If any third party (including stock transfer agents, title insurance companies, banks, credit unions, and savings and loan associations) with whom my Attorney-in-Fact seeks to transact refuses to recognize my Attorney-in-Fact's authority to act on my behalf pursuant to this Power of Attorney, I authorize my Attorney-in-Fact to sue and recover from such third party all resulting damages, costs, expenses, and attorney's fees incurred because of such failure to act. The costs, expenses, and attorney's fees incurred in bringing such action shall be charged against my general assets, to the extent that they are not recovered from said third party.

17. **Other** – Power to conduct the following \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. INTERPRETATION AND GOVERNING LAW**

This instrument is to be construed and interpreted as a general non-durable power of attorney. The enumeration of specific powers herein is not intended to, nor does it, limit or restrict the general powers herein granted to my Attorney-in-Fact. For a third party to construe otherwise would be contrary to my intent. This instrument is executed and delivered in the State of North Carolina and the laws of such state shall govern all questions as to the validity of this power and the construction of its provisions. Nevertheless, I intend that this instrument be given full force and effect in any state or country in which I may find myself or in which I may own property, whether real or personal. I direct that my Attorney-in-Fact not be required to give bond and, if any bond



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is required, that no sureties be required. I direct that photocopies of this instrument shall have the same power and effect as the original.

**III. EFFECTIVE DATE AND TERMINATION**

To indicate when this document shall become effective, initial one of the following:

MCC Upon the date of this document with my authorization.

MC The following date 10-31, 2020.

To indicate when this document shall become terminated, initial all of the following that apply (termination is effective at which of the following occurs first):

\_\_\_ - On the following date \_\_\_\_\_, 20\_\_\_.

\_\_\_ - When I have made a written revocation.

MC - When and if I become incapacitated and unable to make decisions as determined by a physician.

**IV. THIRD PARTY RELIANCE**

Any party dealing with my Attorney-in-Fact hereunder may rely absolutely on the authority granted herein and need not look to the application of any proceeds nor the authority of my Attorney-in-Fact as to any action taken hereunder. In this regard, no person who may in good faith act in reliance upon the representations of my Attorney-in-Fact or the authority granted hereunder shall incur any liability to me or my estate as a result of such act. I hereby ratify and confirm whatever my Attorney-in-Fact shall lawfully do under this instrument. Any gift of property made by my Attorney-in-Fact in the proper exercise of the gift-making powers specifically granted in section I (9) herein shall be a full and complete delivery of title upon which third-party purchasers for value may rely. My Attorney-in-Fact is authorized as he or she deems necessary to bring an action in court so that this instrument shall be given the full power and effect that I intend on by executing it.

IN WITNESS WHEREOF, I have on this October 31, 2020 executed this General Non-Durable Power of Attorney.

Margorie Crawford  
Principal's Signature

Margorie Crawford  
Print Name



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**ACCEPTANCE OF APPOINTMENT**

I, Phyllis C Butt the Attorney-in-Fact named above, hereby accept appointment as Attorney-in-Fact in accordance with the foregoing instrument.

Phyllis C Butt  
Attorney-in-Fact's Signature

Phyllis C Butt  
Print Name

**WITNESS ACKNOWLEDGMENT**

We, the witnesses, each do hereby declare in the presence of the principal that the principal signed and executed this instrument as his Power of Attorney in the presence of each of us, that he signed it willingly, that each of us hereby signs this Power of Attorney as witness at the request of the principal and in his presence, and that, to the best of our knowledge, the principal is eighteen years of age or over, of sound mind, and under no constraint or undue influence.

Mark Poore  
Witness's Signature

Mark Poore  
Print Name

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Print Name

**ACKNOWLEDGMENT OF NOTARY PUBLIC**

STATE OF NORTH CAROLINA

Rowan County, ss.

On this 31 day of October, 2020, before me appeared Margaret Crawford as Principal of this Power of Attorney who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that he executed the same as his free act and deed.

Diann M. Rice  
Notary Public Signature

DIANNE M. RICE  
Print Name

My Commission Expires: Sept. 20, 2022

