

**TOWN OF WEAVERVILLE APPLICATION FOR
A ZONING MAP OR TEXT AMENDMENT**

Planning and Zoning Department, 30 South Main Street, P.O. Box 338, Weaverville, NC 28787
(828) 484-7002--- fax (828) 645-4776 --- jeller@weavervillenc.org

OWNER/APPLICANT NAME:

APPLICATION DATE:

PHONE NUMBER:

MAILING ADDRESS:

Application is made to the Town Council of Weaverville to amend:

- The Zoning Map
 - The text of the Zoning Ordinance (Ch 36 of Code of Ordinances)
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APPLICATION TO AMEND ZONING MAP

PROPERTY ADDRESS:

PIN:

LOT AREA (acres):

CURRENT ZONING DISTRICT:

PROPOSED ZONING DISTRICT:

APPLICATION IS NOT COMPLETE WITHOUT A BOUNDARY SURVEY DEPICITING:

- Total acreage
 - Current owner(s) and date of survey
 - Property location relative to streets
 - North arrow
 - Existing easements, rights of way, or other restrictions on the property
 - Areas located within the floodplain
 - Natural terrain of 15% or greater grade
 - Adjoining property owners, addresses, and Buncombe County PINs
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APPLICATION TO AMEND TEXT

SECTION(S) OF CHAPTER 36 TO AMEND:

PROPOSED CHANGE TO TEXT (attach additional documentation if necessary):

JUSTIFICATION OF PROPOSED AMENDMENT(S):

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I certify that the above information is accurate and true and that I am the owner or a duly appointed agent of the owner.

SIGNATURE OF APPLICANT

DATE

It is the applicant's responsibility to obtain a copy of the Town of Weaverville Zoning Ordinance and to be fully aware of the regulations detailed therein.

REZONING FEE SCHEDULE:

1 Lot < 1 acre	\$350.00
2-4 Lots or 1-3 acres	\$450.00
4-9 acres	\$550.00
10-25 acres	\$750.00
25+ acres	\$900.00

OFFICE USE ONLY

FEE: \$	DATE PAID:	<input type="checkbox"/>	CHECK	<input type="checkbox"/>	CASH
DATE OF INTIAL COUNCIL MEETING:		ACTION TAKEN:			
DATE OF PLANNING BOARD MEETING:		ACTION TAKEN:			
DATE OF PUBLIC HEARING & COUNCIL DECISION:		FINAL ACTION:			