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

Application Fee Based Upon Size of Property

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 (Chapter 20 Planning and Development)

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 DEPICTING:

☐ 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
☐ Adjoining property owners, addresses, and Buncombe County PINs

APPLICATION TO AMEND TEXT

SECTION(S) OF CHAPTER 20 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.

Application fees are due at the time of submittal. Withdrawal of an application after the public hearing has been advertised will result in the forfeiture of the application fee.

REZONING FEE SCHEDULE:

<table>
<thead>
<tr>
<th>Size</th>
<th>Fee</th>
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<tbody>
<tr>
<td>&lt; 1 acre</td>
<td>$250.00</td>
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<tr>
<td>1-3 acres</td>
<td>$500.00</td>
</tr>
<tr>
<td>4-9 acres</td>
<td>$750.00</td>
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<tr>
<td>10 + acres</td>
<td>$1,000.00</td>
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Text Amendment
Fees................................................................................................................................................... $500.00

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>FEE: $</th>
<th>DATE PAID:</th>
<th>CHECK</th>
<th>CASH</th>
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DATE OF INITIAL COUNCIL MEETING: ACTION TAKEN:
DATE OF PLANNING BOARD MEETING: ACTION TAKEN:
DATE OF PUBLIC HEARING & COUNCIL DECISION: FINAL ACTION: