



HENDERSON COUNTY PLANNING DEPARTMENT
100 N. King Street | Hendersonville, NC 28792 | 828-697-4819

MAP AMENDMENT APPLICATION FORM

GENERAL INFORMATION

Date of Application: _____

Previously Submitted: Yes No

Date of Pre-Application Conference: _____

Type of Map Amendment (Circle One): Rezoning Conditional Zoning Special Mixed Use/Conditional

Site Plan Attached: Yes No

Permission to acquire aerial footage of subject area: Yes No

PARCEL INFORMATION*

PIN: _____ **Deed Book/Page:** _____ **Tract Size (Acres):** _____

Zoning District: _____ **Fire District:** _____ **Watershed:** _____ **Floodplain:** _____

Location of property to be developed:

*If subject area contains multiple PIN's please attach a list and the above parcel information for each tract or individual PIN.

REZONING REQUEST

Attached is:

_____ A description of the property in question sufficient to unequivocally describe and identify said property. Such description may take the form of a property survey, a legal description or a legible copy of a County cadastral or composite tax map clearly annotated with district lines which follow political boundaries, geographical features or property lines.

Current Zoning District: _____ **Requested Zoning District:** _____

CONTACT INFORMATION

Property Owner:

Name: _____

Phone: _____

Address: _____

City, State, and Zip: _____

Applicant:

Name: _____

Phone: _____

Address: _____

City, State, and Zip: _____



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Contact Information

Property Owner:

Name: _____

Phone: _____

Email: _____

Address: _____

Agent:

Name: _____

Phone: _____

Email: _____

Address: _____

Plan Preparer:

Name: _____

Phone: _____

Email: _____

Address: _____

I certify that the information shown above is true and accurate and is in conformance with the Land Development regulations of Henderson County.

Print Applicant (Owner or Agent)

Date

Signature Applicant (Owner or Agent)

Date

COUNTY STAFF ONLY

Fee: \$ _____ Paid: _____ Method: _____ Received by: _____

Community Planning Area: _____

Date Current Zoning Applied: _____