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): 9653572381000000

Address(es): 2596 HENDERSONVILLE RD. ARDEN

Acreage: .920

Available Utilities: ☑ Public water ☑ Public MSD Sewer ☐ Private well ☐ 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

Company/Corporate Name (*if applicable*)

KEVIN EDINS
Applicant's Name

121 MAPLE STREET
Mailing Address

Roswell GA 30075
City, State, and Zip Code

(770) 825-6340
Telephone

a.s.anddesign@gmail.com
Email

Property Owner Contact Information (*If different*)

SAME
Owner's Name

Mailing Address

City, State, and Zip Code

( )
Telephone

Email

OFFICE USE ONLY:

Date Received: _____

Pre-Submittal meeting with: _____

Case Number: ZPH_____-_____

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:

.92 ACRE PROPERTY LOCATED ON HENDERSONVILLE Rd. IS FLANKED BY COMMERCIAL USE PROPERTIES ZONED CS ON BOTH SIDES OF THE ROAD. THIS ZONING CHANGE would ALLOW FOR CURRENT tenANT EXPANSION and not AFFECT THE SURROUNDING NEIGHBORHOODS. I CURRENTLY OWN & Live in the Residential PARCEL that is to the REAR of this Property.

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).*

THIS PARCEL is, effectively, an ISLAND of Residential zoning in a Corridor that has clearly transitioned to Commercial use. The current R2 ZONING is NO longer Consistent with the Existing Land use Pattern.

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.

THE SUBJECT PARCEL IS ONE OF the ONLY REMAINING property zoned R2 in a corridor that has clearly transitioned to COMMERCIAL USE. All immediately adjacent and nearby parcels Along both sides of the Hwy. are ALREADY ZONED CS. This Includes the propety Directly Abutting the Subject Parcel which I Also own. Since I OWN ALL the Parcels that touch this Parcel Rezoning would NOT negatively affect ANY other Prophy OWNER. Since We Are only Expanding our Current tenants NO increase in TRAFFIC VOLUMN OR Impact to LOCAL INFRASTRUCTURE is ANTICIPATED.

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	**Signature of Owner**
Signature of Applicant	**Signature of Owner**
Signature of Applicant	**Signature of Owner**
Signature of Applicant	**Signature of Owner**
Signature of Applicant	**Signature of Owner**
Signature of Applicant	**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 NUMBEROUS PROPERTY OWNERS, ARE INVOLVED IN THE REZONING APPLICATION

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.

E.1.1. Location of Properties Proposed for Rezoning

	Physical E-911 Address *Street number, name, city, state, zip code. You may verify your E911 Address at https://discover.buncombecounty.org/*	**PIN Number** *15-digit unique identifier for each parcel. PIN numbers can be found on your tax bill or online at https://gis.buncombecounty.org/buncomap/. Example: 965415728000000 or 9654-15-7280*
1	2596 HENDERSONVILLE Rd.	9653572381000000
2	ARDEN NC. 28704	
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** *Street number, name, city, state, zip code*	**Telephone Number**	**Email Address**
1	KEVIN EDINS		121 MAPLE St Roswell GA. 30075	770-825-6340	a.s.anddesign@gmail.com
	Owner Signature: Date: 7-9-2025		Applicant/ Designated Representative - Name: Signature: Date:		
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:		