BURKE COUNTY **REZONING** APPLICATION

Phone: 828 764-9030 www.burkenc.org

Submit Completed Application: community@burkenc.org

Drop by in-person at 110 N. Green Street, Morganton, NC 28655; or mail PO Box 219 Morganton 28680

Date: 03/23/2026

I (or we) the undersigned owner, do make application and request that the Burke County Planning Board and the Board of Commissioners amend the official Zoning Map of Burke County as requested in this submittal.

PROPERTY OWNER: Dalton Buchanan, Emma Seagraves

ADDRESS OF SUBJECT PROPERTY: 2524 Branch Dr, Valdese NC 28690 PIN/ REID: PIN- 2723040812 REID- 58454

The request to rezone from R-1 to R-2

1. OWNER ADDRESS: 2514 Branch Dr, Valdese NC 28690

APPLICATION SUBMITTED BY: THE OWNER IS THE APPLICANT ☑ *OR,*

2. AUTHORIZED AGENT: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

The following are the surrounding land uses of the adjacent property located within 100' of the subject property.		
	Current Zoning	Current Use
North	R-1	Residential - single family
South	R-1	Residential - single family
East	R-1	Residential - single family
West	R-1	Residential - single family

For *conditional zoning* requests provide a description of the proposed use (attach proposed project conditions and site plans as applicable):

Residential, Single family Home - Doublewide manufactured home

Filing fee: $650 + 25.00/ Acre: $ 650 (Once submitted the fee is non-refundable)

Payable by check, online pay portal, or by phone. Check no. 045444

Required Signature Below

APPLICANT SIGNATURE: Palton T Buchanan Emma Seagraves

I certify that the information in this application and all attachments are true and correct to the best of my knowledge.

AFFIDAVIT

North Carolina
County of Burke

Palton T Buchanan Emma Seagraves, appearing before the undersigned
Name of Property Owner (printed)

Notary and being duly sworn, says that:

1. I am the owner of the property described above.

2. All statements above are true and correct.

Palton T Buchanan
Property Owner's Signature

Sworn to (or affirmed) and subscribed before me this the 23 day of March, 20 ~~25~~ 26

(Official Seal)

KIMBERLY BUCHANAN Notary Public Burke County My Comm. Exp. 08-26-2028 NORTH CAROLINA

Kimberly Buchanan
Official Signature of Notary

Kimberly Buchanan, Notary Public
Notary's printed or typed name

My commission expires: 8-26-2028

P.O. BOX 219, MORGANTON, NC 28680;
SUBMIT FORM TO; COMMUNITY@BURKENC.ORG