REZONING APPLICATION www.townofblackmountain.org

APPLICANT INFORMATION

Applicant Name: PRAKASH & MANJHGO KISHAN (Paul)

Applicant Address (Number, Street, City, State, ZIP): 433 LAKEY GAP ROAD, BLK MTN, NC 28711

Home Phone	Cell Phone	Email Address
	828 312 1980	ROTARIANKISHAN@GMAIL.COM

MAP AMENDMENT LOCATION AND REQUEST

I request a rezoning for the following parcel(s):

Property Address: SAME AS ABOVE **PIN #:** 0619424 77600000

Current Zoning Classification: TR-4 **Requested Zoning Classification:** HB-8 we Likely

Current Land Use: Residential Home **Size of Parcel:**

Reason for Requested Rezoning:
WOULD LIKE TO TEACH MEDITATION & START A MASSAGE SERVICE PARLOR. Meditation will be taught free of charge as a service to the community

PROPERTY OWNER INFORMATION (If different from applicant)

Property Owner Name: SAME AS ABOVE

Property Owner Address (Number, Street, City, State, ZIP

Phone Number	Email Address

CERTIFICATION

I hereby certify that all of the information presented by me on this application is accurate to the best of my knowledge, information and belief. 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 acknowledge that attendance at the Planning Board meeting is mandatory for the review of this application.

Petitioner Signature	Date
Prakash Kishan	4-15-2026

OFFICE USE ONLY

Date Received: 4/15/2026-RC	Fee: $600.00 Cash: ☐ Check: ☑ # Credit: ☐
Vote: ____ to ____ For ☐ Against ☐	Planning Board Meeting Date: May 18, 2026 REZ 26 0002
Vote: ____ to ____ For ☐ Against ☐	Board of Aldermen Meeting Date;