



Town of Black Mountain

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OFFICE OF THE ZONING ADMINISTRATOR Fax (828) 669-4204

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APPLICATION FOR CONDITIONAL USE

DATE:

TO: **ZONING ADMINISTRATOR**
TOWN OF BLACK MOUNTAIN

NAME OF OWNER AND ADDRESS OF THE REAL ESTATE AFFECTED BY THE PROPOSED
CONDITIONAL USE:

PROPERTY DESCRIPTION/PIN#:

CURRENT ZONING CLASSIFICATION:

THIS PROPERTY IS CURRENTLY USED FOR THE PURPOSE OF:

THE CONDITIONAL USE IS REQUESTED TO ALLOW THE PROPERTY OWNER TO:

*ATTACHED HERETO IS A PLOT PLAN OF THE REAL ESTATE AFFECTED, INDICATING THE SIZE OF THE LOT,
SIZE OF IMPROVEMENTS NOW ERECTED, AND THOSE PROPOSED TO BE ERECTED.*

THE APPLICANT BELIEVES THAT THE CONDITIONAL USE BE GRANTED FOR THE FOLLOWING
REASONS:

SIGNATURE OF APPLICANT: _____