



# Town of Black Mountain

160 Midland Avenue ♦ Black Mountain, North Carolina ♦ 28711  
Phone: 828-419-9300 ♦ Fax: 828-669-2030

## OFFICE OF THE ZONING ADMINISTRATOR

### APPLICATION FOR A CHANGE TO ZONING CODE

Date: \_\_\_/\_\_\_/\_\_\_

To: TOWN OF BLACK MOUNTAIN  
ZONING ADMINSTRATOR

THE SECTION OF THE ZONING CODE YOU ARE REQUESTING TO BE CHANGED:

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AN APPLICATON FOR A CHANGE TO THE ZONING CODE HAS BEEN APPLIED FOR BY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company: \_\_\_\_\_ (if applicable)

Address: \_\_\_\_\_

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THE APPLICANT BELIEVES THE ZONING CHANGE SHOULD BE GRANTED FOR THE FOLLOWING REASONS:

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_