

TOWN OF BLACK MOUNTAIN PLANNING AND DEVELOPMENT SERVICES

RECOMBINATION APPLICATION PACKET

Submittal Requirements:

- 1 paper copy of plat or pdf of plat
- Completed Recombination Application
- Affidavit of Ownership

Review Process:

- Subdivision Administrator reviews plat for development standards compliance.
- Final plat is submitted to Subdivision Administrator for signature.
- **All plats will be processed and made available to the applicant within fifteen (15) business days.**

TOWN OF BLACK MOUNTAIN PLANNING AND DEVELOPMENT SERVICES

RECOMBINATION APPLICATION

Application Date: _____ Zoning District: _____ N S E W C

Owner Name: _____

Property Location/Street: _____

PIN #: _____ Deed Book/Page: _____

Original Tract Size: _____ New Lot Size: _____

Owner Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Registered Surveyor: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

I certify that the above information is accurate and true and that I am the owner or a duly appointed agent of the owner.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

Plat Review Fees: _____ Date Paid: _____ Payment: _____

Project Number: _____ Entry by: _____ Date: _____

Plat Approval Date: _____ Plat Book/Page: _____

Subdivision Administrator _____ Date _____

STATE OF NORTH CAROLINA
COUNTY OF BUNCOMBE

OWNER AFFIDAVIT

THE UNDERSIGNED, being first duly sworn, deposes and says:

1. That he/she is the owner of that real property located at _____
_____, in the Town of Black Mountain, which property is shown on the tax
maps for Buncombe County as PIN#_____.

2. That as the owner of the described property he:

_____ Is applying for subdivision approval.

_____ Is authorizing _____ to apply for
subdivision approval.

This the _____ day of _____, 20__.

Property Owner (individual)

OR

Property Owner (entity)

By:_____