CHECKLIST FOR CONCEPT PLAN SUBMITTAL REQUIREMENTS

Submit all application information to:
City of Asheville
Development Services Department

develop.ashevillenc.gov

All submittals are due on or before the 2nd and 4th Wednesday of each month

(Refer to TRC Schedule for specific dates)

☑	Completed Concept Application
☑	Signed Owner's Affidavit
☑	All completed checklists
☑	**APPROVED** MSD Allocation Letter *(not application)*
☑	**APPROVED** Water Allocation Letter *(not application)*
☑	Applicant's Proposed Conditions
☑	Neighborhood Meeting Documentation: attendance roster, meeting summary, meeting invitees, example notice letter, photo of site posting
☑	Upload electronic version of site plan, building elevations, and all documents and applications **WITHOUT PROFESSIONAL SEAL**

NOTE: Failure to provide the above information will prevent the application from being accepted and will result in a postponement of review by the TRC.

TRC SITE APPLICATION
CONCEPT PLANS

TECHNICAL REVIEW COMMITTEE CONCEPT APPLICATION
DEVELOPMENT SERVICES DEPARTMENT
161 SOUTH CHARLOTTE STREET
ASHEVILLE ▪ NORTH CAROLINA ▪ 28801

☐ Rezoning	☒ Conditional Zoning	☐ Level 3	☐ Conditional Use Permit

LOCATION OF SUBJECT PROPERTY(S)

1)	**Street Address:** 144 RIVERSIDE DRIVE	**PIN:** 9638-88-8040
2)	**Street Address:**	**PIN:**
3)	**Street Address:**	**PIN:**

PROPERTY OWNER'S INFORMATION

1)	**Owner's Name:** RIVERLINK, INC.	**Mailing Address:** 170 LYMAN STREET	
	Phone Number: (828) 252-8474	**State:** NC	**Zip:** 28801
	Email: garrett@riverlink.org		
2)	**Owner's Name:**	**Mailing Address:**	
	Phone Number:	**State:**	**Zip:**
	Email:		

☒ REZONING OR CONDITIONAL ZONING (CZ) REQUEST

Current Zoning District(s): RAD-OSP	**Proposed Zoning District:** RAD-RIV	**Project Cost:**

Project Description: PLEASE REFERNCE PROJECT NARRATIVE

☐ LEVEL 3 SITE PLAN REVIEW OR CONDITIONAL USE PERMIT

Zoning District(s):	**Project Cost:**

Project Description:

APPLICANT/AGENT INFORMATION *(if different from owner)*

Applicant/Agent Name: JIM DIAZ / ERIC SCHEFFER		**Mailing Address:** 932 Hendersonville Rd. Ste 201	
Phone Number: 828-215-9669		**State:** NC	**Zip:** 28803
Email: jim@covestar.com			

SIGNATURE

The application must be signed by the applicant. If the applicant is not the owner of the property, an Owner's Affidavit must be provided to authorize the application.

Printed Applicant Name: JIM DIAZ

Signature:

OWNER'S AFFIDAVIT

The persons listed below do hereby appear before a Notary Public and swear or affirm that they are the legal owners of the property located at:

144 RIVERSIDE DRIVE.

PIN # 9638-88-8040.

The persons listed below do hereby give authorization and permission to:

JASON GILLILAND of SITE DESIGN STUDIOS
(Name of Representative/Agent) (Name of Organization)
to submit to the City of Asheville the following request for the above referenced property:

- ☐ REZONING
- ☒ CONDITIONAL ZONING
- ☐ CONDITIONAL USE PERMIT
- ☐ MAJOR WORK CERTIFICATE OF APPROPRIATENESS
- ☐ SITE PLAN REVIEW
- ☐ SUBDIVISION REVIEW

The persons listed below also consent to all conditions and/or stipulations that may be imposed or adopted by the City of Asheville, as part of the petition/application approval.

Owner's Name (Print)	Owner's Signature	Date
RIVERLINK, INC.	[signature]	5/8/19

STATE OF NORTH CAROLINA
Buncombe COUNTY

On the 8th day of May, 2019, the person(s) listed above personally appeared before me, who executed the foregoing document, and each acknowledged that he/she executed the same and being sworn by me made oath that the statements in the foregoing document are true.

[signature]
Notary Public
Printed Name: Enia A Clifford
My Commission Expires: May 2, 2022

(Seal)
ENIA A CLIFFORD
NOTARY PUBLIC
Buncombe County
North Carolina
My Commission Expires May 2, 2022