

**Buncombe County Board of Adjustment
Request to Participate in Hearing as a Witness**

I, the undersigned, would like to participate in Board of Adjustment Hearing No.: _____ as a witness.
(you may insert the name of the Parties and/or the Project if you do not know the case number)

Full Name: _____

Address: _____

Telephone _____

Email: _____

I would like an opportunity to speak and be heard by the Board as a sworn witness. I understand that any testimony I give must be competent, relevant, and substantive to the matter referenced above.

Signed this _____ day of _____, 20_____.

(Signature)

NOTE: This form should be return to the Buncombe County Planning Department at least 24 hours prior to the hearing referenced above. You may either email the form to planninginfo@buncombecounty.org or mail the form to the physical address below in such a manner that it is delivered at least 24 hours prior to the hearing referenced above.

Attn: Buncombe County Planning – BOA Hearing Materials
46 Valley St
Asheville, NC 28801