

City-Initiated Rezoning Consent Form:

I, R Four Holdings, formally acknowledge and consent to the rezoning of property located at
(owner name)
824 Locust street, Suite 300 (PIN: 9569 80 4214). The City of Hendersonville may
(street address)
proceed with the rezoning of this property from I-1, Industrial Zoning District to CMU, Central Mixed Use Zoning
District. I understand that the rezoning of the property is entirely voluntary and that I am not required to agree to the
rezoning. I further understand the impact of the rezoning will be to change the permissible land uses of the property
as well as the dimensional standards and site development standards that are applied to new construction, shifting
from those outlined in Section 5-12 of the City of Hendersonville Zoning Ordinance to those outlined in Section 5-19

Address of property to be rezoned:

Street: 824 Locust Street, Suite 300

City: Hendersonville

State: NC

Or: 9569-80-4214

PIN: _____

Property Owner Printed Name:

R Four Holdings

Ownership Type (check appropriate box):

Individual ☐ Corporation ☐ LLC ☒ Trust ☐ Partnership ☐ Other _____

If not owned by "Individual", provide the printed name and title of person with legal authority to sign
on behalf of owner below:

Ilse P Tolles Title: Owner

822 Locust Street, Suite 200

Mailing Address of Property Owner:

Owner Signature: ilse tolles Date: 09/22/2025
ilse tolles (Sep 22, 2025 16:06:44 EDT)

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Rezoning Consent Form

Final Audit Report

2025-09-22

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