

## CITY OF HENDERSONVILLE COMMUNITY DEVELOPMENT DEPARTMENT

100 N. King St. ~ Hendersonville, NC ~ 28792 Phone (828)697-3010 ~ Fax (828) 697-6185 https://www.hendersonvillenc.gov/



## **APPLICATION FOR SITE PLAN REVIEW**

## Section 7-3 City Zoning Ordinance

~ This form including the p ~ Appropriate fee.	roperty owner(s) signature(s).	s in Section 7.3-3.2 of the City Zoning Ordinance.
Projects proposing any of th Board meeting.  • Any commercial, indus area.  • Addition of more than	e following must submit a comple strial or institutional development	ete application at least 32 days prior to any Planning t consisting of 20,000 or more square feet of floor
The following are required		
	property owner(s) signature(s) containing items in Section 7-3-4	4.3 of the City Zoning Ordinance
Date 4-5-23	Type of Plan Revi	ew Preliminary Final
Name of Project	HOTEL BY HILTON	
Location/Address of Property	UPWARD CROSSING	L LO3 PL2014-9408
List 10 digit PIN or 7 digit PID	number for each property	9588219113
Contact Information CAS	RLS CORMITE CAROLINA	Specialities Const.
Address 624 7TH	AVE. S. HENDOR	sonville, NC.
Phone 697-7184	Fax 697-6863	Email CCOFMIESTOCSCWNC.CON
CHECK TYPE OF DEVELOPME	Residential	Commercial Other
Current Zoning	CHMU	Total Acreage /. 5
Proposed Building Sq.ft. 4	15797/11449 PHD FLOO	# of Dwelling Units
Official Use:  DATERECEIVED:	ву	FFF RECEIVEDS

Applicant(s):	
Printed Name UPWARD TOAD HOSPITAUTY, W.C.	
□ Corporation	
Signature	
Title MANAGING MEMBER Email SAMS @ BEUSOUTH NET	
Address of Applicant 550 NEW AMPORT TOAD / FLETCHER, NO. 7	2873
Printed Name	
□ Corporation □Limited Liability Company □ Trust □ Partnership □ Other:	
Signature	
TitleEmail	
Address of Applicant	
Printed Name	
□ Corporation □Limited Liability Company □ Trust □ Partnership □ Other:  Signature	
TitleEmail	
Address of Applicant	
Printed Name	
□ Corporation □Limited Liability Company □ Trust □ Partnership □ Other:	
Signature	
TitleEmail	
Address of Applicant	
Printed Name	
□ Corporation □Limited Liability Company □ Trust □ Partnership □ Other:	
Signature	
TitleEmail	
Address of Applicant_	

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Property Owners(s):				
* ^ Printed Name UPWARD POAD HOSPITALIY, UC				
□ Corporation □ Climited Liability Company □ Trust □ Partnership □ Other:				
Signature				
Title MAMAGING MEMBER Email SATIS @ BELLSDUTH. NET				
Address of Property Owner 550 NEW AIRPORT POAD / FLETCHER, NC 28732				
* ^ Printed Name				
□ Corporation □Limited Liability Company □ Trust □ Partnership □ Other:				
Signature				
TitleEmail				
Address of Property Owner				
* ^ Printed Name				
□ Corporation □Limited Liability Company □ Trust □ Partnership □ Other:				
Signature				
TitleEmail				
Address of Property Owner				
* ^ Printed Name				
□ Corporation □Limited Liability Company □ Trust □ Partnership □ Other:				
Signature				
TitleEmail				
Address of Property Owner				

<sup>\*</sup> Property owner hereby grants permission to the City of Hendersonville personnel to enter the subject property for any purpose required in processing this application.

<sup>^</sup> If signed by an agent on behalf of the Owner, this petition MUST be accompanied by a Limited Power of Attorney signed by the property owner (s) and notarized, specifically authorizing the agent to act on the owner (s) behalf in signing this application. Failure of each owner, or their duly authorized agent, to sign, or failure to include the authority of the agent signed by the property owner, will result in an INVALID APPLICATION.