

CITY OF HENDERSONVILLE COMMUNITY DEVELOPMENT DEPARTMENT

100 N. King Street, Hendersonville, NC 28792 Phone (828) 697-3010|Fax (828) 698-6185 www.hendersonvillenc.gov

Conditional Zoning District Petition Section 7-4 and Article 11 City Zoning Ordinance

The following are the <u>required</u> submittals for a complete application for rezoning a property or properties to a Conditional Zoning District. Staff will not review applications until each item has been submitted and determined complete. By placing a check mark by each of the following items, you are certifying that you have performed that task.

$\sqrt{}$	1. Scheduled Pre-Application meeting with Planning Staff
,	1a. Completed Neighborhood Compatibility Meeting – Contact Staff & Review CZD Checklist for additional information
$[\mathcal{A}]_{\cdot}$	2. Water and Sewer Availability Request
M,	3. Completed Application Form
M,	4. Completed Signature Page (completed Owner's Affidavit if different from applicant)
M,	5. Completed Site Plan as described in Section 7-4.3-1 of the City Zoning Ordinance
[√],	6. Detailed explanation of any Proposed Development Description
$[\checkmark]$	7. Application Fee

Note: Additional Approvals prior to the issuance of a Zoning Compliance Permit may include, but are not limited to the following:

- Henderson County Sedimentation & Erosion Permit
- Stormwater Management Plan
- Utility Approval
- NCDOT Permit
- Any other applicable permits as determined by the Community Development

[Application Continued on Next Page]

Office Use:		
Date Received:	By:	Fee Received? Y/N

A. Applicant Conta	ct Information		
David Cooper Jr.			
* Printed Applicant	Name		
Woda Cooper Co	<u> </u>		
Printed Company N	ame (if applicable)		
☑ Corporation	☐Limited Liability Company	☐ Trust	☐ Partnership
☐ Other:			
□ Other:			
DA (p)			
Applicant Signature			
President			
Applicant Title (if a	pplicable)		
500 S. Front Stree	et, 10th Floor		
Address of Applicar	nt		
Calumahua Ol I 40	2045		
Columbus, OH 43			
City, State, and Zip	Code		
614.396.3200			
Telephone			
dcooper@wodagr	COLID COM		
Email	очр.оот		
Lillall			

[Application Continued on Next Page]

^{*} Signature of the property owner acknowledges that if the property is rezoned, the property involved in this request is bound to the use(s) authorized, the approved site plan and any conditions imposed, unless subsequently changed or amended as provided for in the Zoning Ordinance.

B. Property Owner Contact Information (if different from Applicant)			
Dr. Leon Elliston			
*Printed Owner Na			
Timed 5 wher ive			
Sixth Avenue LL	С		
Printed Company 1	Name (if applicable)		
☐ Corporation	☑Limited Liability Company	☐ Trust	☐ Partnership
☐ Other:			
Leon Elliston	dotloop verified 02/14/22 1:27 PM EST K1WS-ZPNT-V4W4-N9AY		
Property Owner Si	gnature		
Property Owner Ti	tle (if applicable)		
14 McDowell Stree	et, Asheville, NC 28801		
City, State, and Zip	o Code		
828-273-2472			
Telephone			
elliston_1@hotm	ail.com		
Email			

Note: Additional Owner Signature pages attached.

^{*} Property owner hereby grants permission to the City of Hendersonville personnel to enter the subject property for any purpose required in processing this application.

^{*} 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.

Name of Project: Hawkins Pointe PIN(s): 9568583734; 9568584911; 9568582974; 9568489996; and 9568489860 Address(es) / Location of Property: 714, 728, 738, 746 Sixth Ave West, Hendersonville and 745 Florida Avenue, Hendersonville, NC Type of Development: X Residential Commercial Other Current Zoning: MIC Total Acreage: 1.66 Proposed Zoning: UR - Urban Residential Proposed Building Square Footage: 63,360 Number of Dwelling Units: 60 List of Requested Uses: Age restricted (55+), 60 unit apartment building.
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List of Requested Uses: Age restricted (55+), 60 unit apartment building.
D. Proposed Development Conditions for the Site
In the spaces provided below, please provide a description of the Proposed Development
for the site.
kisn Pointe is a 60 unit, age restricted (55+), development that will consist of only 1 and

Hawkish Pointe is a 60 unit, age restricted (55+), development that will consist of only 1 and 2 bedroom units. The property will be affordable to seniors making up to 80% of the area median income.

Hawkins Pointe will have 44 1-bedroom units and 16 2-bedroom units. The development will have a laundry room, mail and package area, leasing office, indoor sitting common areas, a multipurpose room with a kitchen, a gazebo, a covered patio with seating, a computer room, and an exercise room.

The building will not exceed 4 stories in height.

Additional Property Owners: (Signature indicates intent that this page be affixed to Application.)

Dr. Leon Elliston			
*Printed Owner Na	me		
Regional Properti	es ANC General Partnership		
Printed Company N	fame (if applicable)		
☐ Corporation	□Limited Liability Company	☐ Trust	☑ Partnership
☐ Other:			
Leon Elliston	dotloop verified 02/14/22 1:27 PM EST RI9C-JK6O-P09H-DSQX		
Property Owner Sig	nature		
Property Owner Tit	le (if applicable)		
14 McDowell Stree	t, Asheville, NC 28801		
City, State, and Zip	Code		
828-273-2484			
Telephone			
elliston_1@hotma	ail.com		
Email			

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Nicholas J Iosue			
*Printed Owner N	Name		
Castles and Co	ttages LLC		
Printed Company	Name (if applicable)		
☐ Corporation	☑Limited Liability Company	□ Trust	☐ Partnership
☐ Other:			
Nicholas (Property Owner	J Sosue		
Property Owner	Signature		
Member			
Property Owner	Title (if applicable)		
265 Roanoke Ro	I., Fletcher, NC 28732		
City, State, and Z	ip Code		
828-545-7577			
Telephone			
nickiosue9@gma	ail.com		
Email			

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