



**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 **required** 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.

- 1. Scheduled Pre-Application meeting with Planning Staff
 - 1a. Completed Neighborhood Compatibility Meeting – Contact Staff & Review CZD Checklist for additional information
- 2. Water and Sewer Availability Request
- 3. Completed Application Form
- 4. Completed Signature Page (completed Owner's Affidavit if different from applicant)
- 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
- 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: 8/15/23

By: TS

Fee Received? 0/N

\$500.00

A. Applicant Contact Information

David Lee

* Printed Applicant Name

New Leaf Sales, LLC

Printed Company Name (if applicable)

Corporation

Limited Liability Company

Trust

Partnership

Other:



Applicant Signature

Member Manager

Applicant Title (if applicable)

2207 Krnuga Rd

Address of Applicant

Hendersonville, NC 28739

City, State, and Zip Code

828 699 4505

Telephone

davidleeteam@gmail.com

Email

* 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.

[Application Continued on Next Page]

B. Property Owner Contact Information (if different from Applicant)

Same

*Printed Owner Name

Same

Printed Company Name (if applicable)

Corporation Limited Liability Company Trust Partnership

Other: _____

Property Owner Signature

Property Owner Title (if applicable)

City, State, and Zip Code

Telephone

Email

* 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.

C. Property Information

Name of Project: Kid City USA

PIN(s): 9569403593 & 9569402580

Address(es) / Location of Property: 913 9th Ave West & 917 9th Ave West
Hendersonville, NC 28791

Type of Development: Residential Commercial Other

Current Zoning: R-15

Total Acreage: Tr assessed 0.71 & 0.24

Proposed Zoning: PID

Proposed Building Square Footage: Existing bldg 11,680 sq¹

Number of Dwelling Units: —

List of Requested Uses: Childcare facility

D. Proposed Development Conditions for the Site

In the spaces provided below, please provide a description of the Proposed Development for the site.

See attached site/concept plan

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

*Printed Owner Name

Printed Company Name (if applicable)

Corporation Limited Liability Company Trust Partnership

Other: _____

Property Owner Signature

Property Owner Title (if applicable)

City, State, and Zip Code

Telephone

Email

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