



**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. Completed Pre-Application meeting with Planning Staff
- ☐ 2. Scheduled Neighborhood Compatibility Meeting (REQUESTED BY THIS SUBMITTAL 5/22)  
NCM Date: \_\_\_\_\_ Time: \_\_\_\_\_
- ☒ 3. Water and Sewer Availability Request (WITH PLAN SUBMITTAL)
- ☒ 4. Completed Application Form
- ☒ 5. Completed Signature Page (completed Owner's Affidavit if different from applicant)
- ☒ 6. Completed Site Plan as described in Section 7-4.3-1 of the City Zoning Ordinance
- ☒ 7. Detailed explanation of any Proposed Development Description
- ☒ 8. Application Fee
- 9. Transportation Impact Analysis - Required for complete application but not due until 24 calendar days prior to Planning Board Meeting (if required)

**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 Contact Information

Paul Aiesi

\* Printed Applicant Name

Graycliff Capital Development, LLC

Printed Company Name (if applicable)

☐ Corporation      ☒ Limited Liability Company      ☐ Trust      ☐ Partnership

☐ Other: \_\_\_\_\_

**Paul Aiesi**

Digitally signed by Paul Aiesi  
Date: 2025.04.25 12:42:50 -04'00'

Applicant Signature

Manager

Applicant Title (if applicable)

200 E Broad Street Suite #220

Address of Applicant

Greenville, SC 29601

City, State, and Zip Code

864-275-0784

Telephone

paiesi@graycliffcapital.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]**



# LIMITED LIABILITY COMPANY ANNUAL REPORT

1/6/2022

NAME OF LIMITED LIABILITY COMPANY: Graycliff Capital Development, LLC

SECRETARY OF STATE ID NUMBER: 2238937 STATE OF FORMATION: SC

REPORT FOR THE CALENDAR YEAR: 2025

Filing Office Use Only  
E - Filed Annual Report  
2238937  
CA202500703152  
1/7/2025 03:46

## SECTION A: REGISTERED AGENT'S INFORMATION

☐ Changes

1. NAME OF REGISTERED AGENT: Incorp Services, Inc.

2. SIGNATURE OF THE NEW REGISTERED AGENT: \_\_\_\_\_  
SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY 4. REGISTERED AGENT OFFICE MAILING ADDRESS

176 Mine Lake Court, Suite 100 176 Mine Lake Court, Suite 100  
Raleigh, NC 27615 Wake County Raleigh, NC 27615

## SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Commercial Real Estate

2. PRINCIPAL OFFICE PHONE NUMBER: (302) 245-3994 3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS 5. PRINCIPAL OFFICE MAILING ADDRESS  
200 East Broad St. Suite 220 200 East Broad St. Suite 220  
Greenville, SC 29601 Greenville, SC 29601

6. Select one of the following if applicable. (Optional see instructions)

- ☐ The company is a veteran-owned small business  
☐ The company is a service-disabled veteran-owned small business

## SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: <u>Paul Aiesi</u>	NAME: <u>Paul Aiesi</u>	NAME: <u>Paul Aiesi</u>
TITLE: <u>Manager</u>	TITLE: <u>Manager</u>	TITLE: <u>Manager</u>
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
<u>200 East Broad Street, Suite 220</u>	<u>200 East Broad Street, Suite 220</u>	<u>200 East Broad Street, Suite 220</u>
<u>Greenville, SC 29601</u>	<u>Greenville, SC 29601</u>	<u>Greenville, SC 29601</u>

## SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Paul Aiesi 1/7/2025  
SIGNATURE DATE

Form must be signed by a Company Official listed under Section C of This form.

Paul Aiesi Manager  
Print or Type Name of Company Official Print or Type Title of Company Official

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

Robert O. Camenzind

\*Printed Owner Name (Authorized Representative for entities other than individuals)

Printed Company Name (if applicable, check corresponding box below)

☐ Corporation      ☐ Limited Liability Company      ☐ Trust      ☐ Partnership

☐ Other: \_\_\_\_\_

  
Property Owner/Authorized Representative Signature

Robert O. Camenzind

Authorized Representative Title (if applicable - i.e. Member/Manager, President, etc.)

5133 Boylston Hwy, Mills River, NC 28759

City, State, and Zip Code

828-329-2956

Telephone

hcamenzind@ramsey-pratt.com

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.

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

John T. Fleming

\*Printed Owner Name (Authorized Representative for entities other than individuals)

Printed Company Name (if applicable, check corresponding box below)

☐ Corporation ☐ Limited Liability Company ☐ Trust ☐ Partnership

☐ Other:

*John T. Fleming, by AIF Robert O. Camenzind*

Property Owner/Authorized Representative Signature

John T. Fleming, by AIF, Robert O. Camenzind

Authorized Representative Title (if applicable - i.e. Member/Manager, President, etc.)

5133 Boylston Hwy, Mills River, NC 28759

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

Enno F. Camenzind

\*Printed Owner Name (Authorized Representative for entities other than individuals)

Printed Company Name (if applicable, check corresponding box below)

☐ Corporation      ☐ Limited Liability Company      ☐ Trust      ☐ Partnership

☐ Other:

*Enno F. Camenzind, by AIF, Robert O. Camenzind*  
Property Owner/Authorized Representative Signature

Enno F. Camenzind, by AIF, Robert O. Camenzind

Authorized Representative Title (if applicable - i.e. Member/Manager, President, etc.)

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

Peggy C. Cabe

\*Printed Owner Name (Authorized Representative for entities other than individuals)

Printed Company Name (if applicable, check corresponding box below)

☐ Corporation ☐ Limited Liability Company ☐ Trust ☐ Partnership

☐ Other: \_\_\_\_\_

*Peggy C. Cabe, by AIF, Robert O. Camenzind*  
Property Owner/Authorized Representative Signature

Peggy C. Cabe, by AIF, Robert O. Camenzind

Authorized Representative Title (if applicable - i.e. Member/Manager, President, etc.)

5133 Boylston Hwy, Mills River, NC 28759

City, State, and Zip Code

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

Paula Camenzind Carter

\*Printed Owner Name (Authorized Representative for entities other than individuals)

Printed Company Name (if applicable, check corresponding box below)

☐ Corporation ☐ Limited Liability Company ☐ Trust ☐ Partnership

☐ Other:

*Paula Camenzind Carter, by AIF, Robert O. Camenzind*  
Property Owner/Authorized Representative Signature

Paula Camenzind Carter, by AIF, Robert O. Camenzind

Authorized Representative Title (if applicable - i.e. Member/Manager, President, etc.)

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RAMSEY, PRATT & CAMENZIND, P.A.

Prepared by: Hannah L. Camenzind

STATE OF NORTH CAROLINA,

COUNTY OF HENDERSON.

LIMITED POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that WE, and each of us, namely, LYNDIA HILL CAMENZIND, PEGGY C. CABE, PAULA CAMENZIND CARTER, and husband, CHARLES NORMAN CARTER, JOAN C. FLEMING, and husband, JOHN THOMAS FLEMING, ENNO F. CAMENZIND, and wife, BRENDA MERRILL CAMENZIND, have made, constituted, and appointed and by these presents do make, constitute and appoint ROBERT O. CAMENZIND as my true and lawful Attorney-in-Fact to do and perform the following acts for me, on my behalf and in my name to the same extent as if personally present and acting:

To execute all documents necessary in order to list for sale, sell and close the sale of property located in the Blue Ridge Township in Henderson County, North Carolina, being described in a deed from Robert O. Camenzind as Trustee of the Trust created under the Last Will and Testament of Ellison Smyth Hudgens, to Peggy C. Cabe, et al., and recorded in the office of the Register of Deeds for Henderson County in Book 3578, Page 329.

In connection therewith, to execute contracts for the sale of property and such deeds, easement agreements, bills of sale, affidavits, closing statements and other documents as my Attorney-in-Fact shall deem just and appropriate in order to complete the sale thereof.

And I do hereby ratify and confirm all things so done by my said Attorney-in-Fact within the scope of the authority herein given, as fully and to the same extent as if by my self personally done and performed, specifically ratifying and confirming any and all acts and things so done by my said Attorney-in-Fact within the terms of the authority herein given.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this the 16  
day of April, 2021.

Lynda Hill Camenzind (SEAL)  
LYNDA HILL CAMENZIND

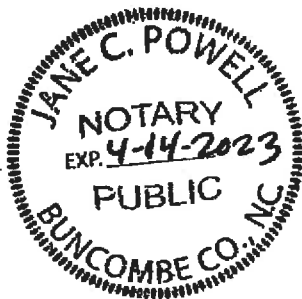
STATE OF NORTH CAROLINA,  
COUNTY OF Transylvania.

I Jane C. Powell a Notary Public of said State and County, Buncombe do  
hereby certify that LYNDA HILL CAMENZIND, personally appeared before me this  
day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and Notarial Seal, this the 16<sup>th</sup> day of  
April, 2021.

J - Powell  
Notary Public

My Commission Expires: 4-14-2023.



IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this the 9  
day of April, 2021.

Peggy C. Cabe (SEAL)  
PEGGY C. CABE

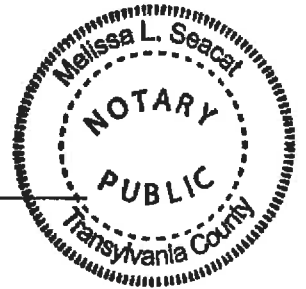
STATE OF NORTH CAROLINA,  
COUNTY OF Transylvania

I Melissa L. Seacat a Notary Public of said State and County, do  
hereby certify that PEGGY C. CABE, personally appeared before me this day and  
acknowledged the due execution of the foregoing instrument.

Witness my hand and Notarial stamp or seal this the 9 day of  
April, 2021.

Melissa L. Seacat  
Notary Public

My Commission Expires: 5-28-24.



IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this the 9  
day of April, 2021.

Paula Camenzind Carter (SEAL)  
PAULA CAMENZIND CARTER

Charles Norman Carter (SEAL)  
CHARLES NORMAN CARTER

STATE OF Delaware  
COUNTY OF New Castle

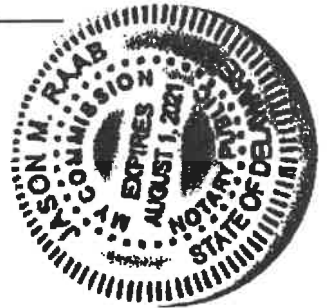
I Jason M. Raab a Notary Public of said State and County, do  
hereby certify that PAULA CAMENZIND CARTER and husband, CHARLES  
NORMAN CARTER, personally appeared before me this day and acknowledged the  
due execution of the foregoing instrument.

WITNESS my hand and Notarial Seal, this the 9 day of  
April, 2021.

Jason M. Raab  
Notary Public

My Commission Expires: 8-1-2021

Jason M. Raab  
Notary Public  
#20170601000016  
Commission Expires 8/01/2021



IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this the 9th  
day of APRIL, 2021.

Joan C Fleming (SEAL)  
JOAN C. FLEMING

John Thomas Fleming (SEAL)  
JOHN THOMAS FLEMING

STATE OF FLORIDA  
COUNTY OF NASSAU.

I WENDEE ASHMORE, Notary Public of said State and County, do  
hereby certify that JOAN C. FLEMING and husband, JOHN THOMAS FLEMING,  
personally appeared before me this day and acknowledged the due execution of the  
foregoing instrument.

WITNESS my hand and Notarial Seal, this the 9th day of  
APRIL, 2021.

W Ashmore  
Notary Public

My Commission Expires: 06-23-21.



IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this the \_\_\_\_ day of April 9, 2021.

  
\_\_\_\_\_  
ENNO F. CAMENZIND

(SEAL)

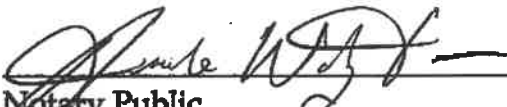
  
\_\_\_\_\_  
BRENDA MERRILL CAMENZIND

(SEAL)

STATE OF North Carolina,  
COUNTY OF Wake.

I Andre Washington a Notary Public of said State and County, do hereby certify that ENNO F. CAMENZIND and wife, BRENDA MERRILL CAMENZIND, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and Notarial Seal, this the 9<sup>th</sup> day of April, 2021.

  
\_\_\_\_\_  
Notary Public

My Commission Expires: 12/09/2024.



### C. Property Information

**Name of Project:** Waterleaf at Flat Rock, Phase 2

**PIN(s):** 9588-22-1126

**Address(es) / Location of Property:** 0 S Allen Road

**Type of Development:**



Residential



Commercial



Other

**Current Zoning:** CHMU

**Total Acreage:** +/- 17.1

**Proposed Zoning:** CHMU-CZD

**Proposed Building Square Footage:** +/- 300,000 square feet

**Number of Dwelling Units:** +/- 192 units

**List of Requested Uses:**

Apartment units, Clubhouse, Leasing, Fitness, Amenity areas, Garages

### D. Proposed Development Conditions for the Site

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

17 acre site of +/- 192 apartment units within 8 apartment buildings, clubhouse with amenity areas, garage structures, +/-320 parking spaces.