

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.

| \mathbb{N} | 1. Scheduled Pre-Application meeting with Planning Staff |
|--------------|--|
| | 1a. Completed Neighborhood Compatibility Meeting – Contact Staff & Review CZD Checklist for additional information |
| \mathbb{N} | 2. Water and Sewer Availability Request |
| N | 3. Completed Application Form |
| N | 4. Completed Signature Page (completed Owner's Affidavit if different from applicant) |
| N | 5. Completed Site Plan as described in Section 7-4.3-1 of the City Zoning Ordinance |
| N | 6. Detailed explanation of any Proposed Development Description |
| N | 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 | act Information | | |
|-----------------------|----------------------------|---------|---------------|
| | | | |
| Sanjay Patel | | | |
| * Printed Applicant | Name | | |
| Sugarloaf Hospito | ality II C | | |
| | | | |
| Printed Company N | Name (if applicable) | | |
| ☐ Corporation | □Limited Liability Company | ☐ Trust | ☐ Partnership |
| ☐ Other: | | | |
| | | | |
| Applicant Signature | 2 | | |
| Managing Member | | | |
| Applicant Title (if a | applicable) | | |
| 1103 Lanada Roa | d | | |
| Address of Applica | nt | | |
| Greensboro NC 2 | 7407 | | |
| City, State, and Zip | Code | | |
| 336-471-6242 | | | |
| Telephone | | | |
| srpatel85@gmail.c | com | | |
| Email | | | |

[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) | | | |
|---|----------------------------|---------|---------------|
| | | | |
| *Printed Owner Nan | me | | |
| Printed Company N | ame (if applicable) | | |
| ☐ Corporation | □Limited Liability Company | ☐ Trust | ☐ Partnership |
| ☐ Other: | | | |
| Property Owner Sig | nature | | |
| Property Owner Tit | le (if applicable) | | |
| City, State, and Zip | Code | | |
| Telephone | | | |
| 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.

| C. Property Information |
|--|
| Name of Project: Hendersonville Home 2 |
| PIN(s): 9579567956 |
| Address(es) / Location of Property: Sugarloaf Road, Hendersonville NC |
| Type of Development: Residential Other |
| Current Zoning: PCD |
| Total Acreage: 2.30 |
| Proposed Zoning: |
| Proposed Building Square Footage: APPROX. 66,000 SF |
| Number of Dwelling Units: |
| List of Requested Uses: Four Story Hotel with Meeting Room |
| D. Proposed Development Conditions for the Site |
| In the spaces provided below, please provide a description of the Proposed Development for the site. |
| Proposed four story hotel with meeting room. Has had special use permit but permit recently expired |
| during construction process. |
| |
| |
| |
| |

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

| *Printed Owner N | ame | | |
|---------------------|----------------------------|---------|---------------|
| Printed Company | Name (if applicable) | | |
| y | (configuration) | | |
| ☐ Corporation | □Limited Liability Company | ☐ Trust | ☐ Partnership |
| ☐ Other: | | | |
| | | | |
| Property Owner S | ignature | | |
| Property Owner T | itle (if applicable) | | |
| City, State, and Zi | n Code | | |
| City, State, and Zi | p Code | | |
| Telephone | | | |
| | | | |
| Email | | | |

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| *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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