Planning application

City of Hendersonville

Community Development Department-Planning Division

160 6th Ave. E. Hendersonville NC 28792

For use by Principal Authority / Para uso de la Autoridad Principal
Cloudpermit application number / Número de solicitud de Cloudpermit US-NC30720-P-2025-56
PIN / Número de rollo 9578416876
Application submitted to / Solicitud presentada a Hendersonville, NC, North Carolina / Hendersonville, NC, Carolina del Norte

Description of Subject Property
Address / Dirección 0 NO ADDRESS ASSIGNED
Municipality / Municipio Hendersonville, NC, North Carolina / Hendersonville, NC, Carolina del Norte
PIN / Número de rollo 9578416876

Purpose of Application
Application type / Tipo de solicitud Conditional Rezoning

Applicant		
Last name / Apellido Bryant	First name / Nombre de pila John	Corporation or partnership / Corporación o sociedad UNC Health Pardee
Street address / Dirección de la calle 800 N Justice Street	Unit number / Número de unidad	Lot / Con.
Municipality / Municipio Hendersonville	State / Provincia Default	ZIP code / Código postal 28791
Other phone / Otro teléfono +1 8285514326	Mobile phone / Teléfono móvil +1 8286964719	
Fax	Email / Correo electrónico john.bryant@unchealth.unc.edu	

Property owner		
Last name / Apellido Rhodes	First name / Nombre de pila Bryan	Corporation or partnership / Corporación o sociedad Henderson County
Street address / Dirección de la calle 100 N. King St.	Unit number / Número de unidad	Lot / Con.
Municipality / Municipio Hendersonville	State / Provincia North Carolina	ZIP code / Código postal 28792

Other phone / Otro teléfono +1 828-694-6525	Mobile phone / Teléfono móvil +1 828-606-9094
Fax	Email / Correo electrónico brhodes@hendersoncountync.gov

Declaration and Signatures

Applicant

I, John Bryant (The Applicant), do hereby declare that the information contained in this application, the attached schedules and forms, the attached plans and specifications, and other attached documentation is true to the best of my knowledge. If a permit is granted, I agree to comply with Local Ordinances and the conditions of the permit. If the Applicant is a corporation or partnership, I have the authority to bind the corporation or partnership by signing off, I understand that it constitutes a legal signature confirming that I acknowledge and agree to the above declaration.

Digitally signed on 05/20/2025, 12:21:37 PM EDT by John Bryant. / Firmado digitalmente el 20/5/25 12:21:37 EDT por John Bryant.

Property owner

I, Bryan Rhodes (The Property owner), do hereby declare that the information contained in this application, the attached schedules and forms, the attached plans and specifications, and other attached documentation is true to the best of my knowledge. If a permit is granted, I agree to comply with Local Ordinances and the conditions of the permit. If the Property owner is a corporation or partnership, I have the authority to bind the corporation or partnership by signing off, I understand that it constitutes a legal signature confirming that I acknowledge and agree to the above declaration.

Digitally signed on 05/22/2025, 8:08:41 AM EDT by Bryan Rhodes. / Firmado digitalmente el 22/5/25 8:08:41 EDT por Bryan Rhodes.

Required Information

Scheduled Neighborhood Compatibility Meeting - NCM Date	NCM Time
04/29/2025	2:00 PM

Transportation Impact Analysis - (if applicable) Required for complete application but not due until 24 calendar days prior to Planning Board Meeting

Information

Type of Development:	Current Zoning	Proposed Zoning:	Total Acerage	Proposed Building Square Footage:
Commercial	C-3SU	CHMU- CZD	4	42520.0 sq.ft.

Number of Dwelling Units:	List of Requested Uses:
0	Medical Office Building