



**CITY OF HENDERSONVILLE
COMMUNITY DEVELOPMENT DEPARTMENT**

100 N. King Street, Hendersonville, NC 28792

Phone (828) 697-3010 | Fax (828) 698-6185

www.hendersonvillenc.gov

**Zoning Ordinance Map Amendment
Section 11-1 of the City Zoning Ordinance**

The following are the **required** submittals for a complete application for a Zoning Map Amendment. 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 Application Form
- ☐ 2. Completed Signature Page (completed Owner's Affidavit if different from applicant)
- ☐ 3. Application Fee

A. Property Information

Name of Project: _____

PIN(s): 9578422392

Address(es) / Location of Property: Brooklyn Ave (813)

Type of Development: Residential ☒ Commercial ☐ Other

Current Zoning: C-3 + (R-15)

Proposed Zoning: All C-3

B. Adjacent Parcel Numbers and Uses

PIN: 95784210590 Use: C-3 Hair Salon

PIN: 9578329197 Use: C-3 Retail

PIN: 9578423171 Use: C-3 House

PIN: 9578423529 Use: C-3 House

PIN: 9578422093 Use: C-3 House

Office Use:

Date Received: 2/3/22 By: Terri Swann Fee Received? Y/N

C. Applicant Contact Information / PROPERTY OWNER

Mark B Pace

* Printed Applicant Name

Printed Company Name (if applicable)

☐ Corporation ☐ Limited Liability Company ☐ Trust ☐ Partnership

☐ Other: INDIVIDUAL

Mark B Pace

Applicant Signature

Applicant Title (if applicable)

171 Terrace Mtn Dr

Address of Applicant

Hendersonville NC 28739

City, State, and Zip Code

828-242-1420

Telephone

mark@concretecrushing.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.

D. Applicant Contact Information

* Printed Applicant Name

Printed Company Name (if applicable)

☐ Corporation ☐ Limited Liability Company ☐ Trust ☐ Partnership

☐ Other: _____

Applicant Signature

Applicant Title (if applicable)

Address of Applicant

City, State, and Zip Code

Telephone

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.

D. Section 11-1 Standards

The advisability of amending the text of this Zoning Ordinance or the Official Zoning Map is a matter committed to the legislative discretion of the City Council and is not controlled by any one factor. In determining whether to adopt or disapprove the proposed amendment to the text of this Ordinance or the Official Zoning Map, the City Council shall consider the following factors among others:

- a) **Comprehensive Plan Consistency** – Consistency with the Comprehensive Plan and amendments thereto.

Yes - Much the area is C-3

- b) **Compatibility with surrounding uses** – Whether and the extent to which the proposed amendment is compatible with existing and proposed uses surrounding the subject property. (Also, see NCGS 160-601 (d) Down-Zoning)

Yes, A high percentage of the surrounding property is C-3

- c) **Changed Conditions.** Whether and the extent to which there are changed conditions, trends or facts that require an amendment. (Also, see NCGS 160D-601 (d) Down-Zoning)

NONE

- d) **Public Interest.** Whether and the extent to which the proposed amendment would result in a logical and orderly development pattern that benefits the surrounding neighborhood, is in the public interest and promotes public health, safety and general welfare. (Also, see NCGS 160D-601 (d) Down-Zoning)

Yes

- e) **Public Facilities.** Whether and the extent to which adequate public facilities and services such as water supply, wastewater treatment, fire and police protection and transportation are available to support the proposed amendment. (Also, see NCGS 160D-601 (d) Down-Zoning)

All services available

- f) **Effect on Natural Environment.** Whether and the extent to which the proposed amendment would result in significantly adverse impacts on the natural environment including but not limited to water, air, noise, storm water management, streams, vegetation, wetlands and wildlife.

No changes anticipated.

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

* 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.