

REQUEST FOR BOARD ACTION

HENDERSON COUNTY

BOARD OF COMMISSIONERS

MEETING DATE: November 7, 2005

SUBJECT: Referral of an application for an Amendment to Special Use Permit Application (#SP-46-96) to the Planning Board, for an Expansion to Four Seasons Hospice

ATTACHMENTS: 1. Application

SUMMARY OF REQUEST:

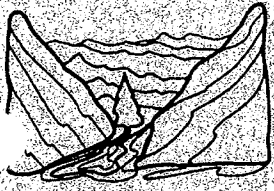
William G. Lapsley & Associates, P.A. on behalf of Four Seasons Hospice has submitted a development plan and applied for an amendment to their Special Use Permit (SP-46-96) to expand the existing building owned by Four Seasons Hospice & Palliative Care. The proposed expansion would provide administrative space for their clinical staff and six additional patient care rooms.

Sections 200-56 and 200-70 of the Henderson County Zoning Ordinance require that the Board of Commissioners refer applications for Special Use Permits to the Planning Board for review and recommendations prior to the Board of Commissioners holding a public hearing.

Staff is requesting that the Board of Commissioners refer the application for an amendment to Special Use Permit application #SP-46-96 to the Planning Board for review and recommendations as required by the Zoning Ordinance.

County Manager's Recommendation/Board Action Requested:

I recommend that the Board of Commissioners refer the application for an amendment to Special Use Permit #SP-46-96, submitted by Four Seasons Hospice & Palliative Care for an expansion to the existing Four Season Hospice building, to the Planning Board for review and recommendations.

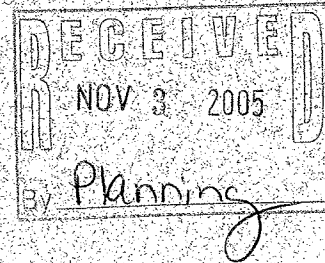


William G. Lapsley & Associates, P.A.
Consulting Civil Engineers and Land Planners

William G. Lapsley, P.E.
William R. Bule, P.E.
G. Thomas Jones III, P.E.
Donald L. Hunley, P.E.

November 2, 2005

Mrs. Judith Francis, Director
Henderson County Planning Department
110 East Allen Street
Hendersonville, NC 28792



Re: Four Seasons Hospice
Building Addition
Special Use Permit SP-46-96

Dear Ms. Francis:

Enclosed for your review and processing please find an Application for an Amendment to the above referenced Special Use Permit.

The application requests approval to expand the existing building owned by Four Seasons Hospice & Palliative Care. The proposed expansion would provide administrative space for their clinical staff and six (6) additional patient care rooms.

Please feel free to contact our office if you have any questions or need additional information.

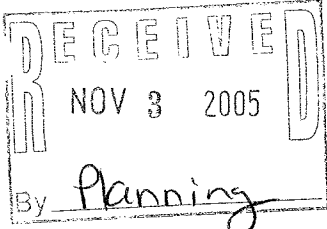
Sincerely,

William G. Lapsley, P.E.

WGL/jg
cc: Partners in Health

Application No. SP-46-96-AZ

AMENDMENT TO
SPECIAL USE PERMIT
#SP-46-96



COUNTY OF HENDERSON
STATE OF NORTH CAROLINA
APPLICATION FOR A SPECIAL USE PERMIT

November 3 2005
Month Day Year

Applicant: PARTNERS IN HEALTH CONDOMINIUM ASSOCIATION, LLC Phone: 697-7334 AGENT
Address: 511 SOUTH ALLEN ROAD, FLAT ROCK, NC 28731
Property Owner's Name (if different from above): _____
Property Address (if different from above): 511 SOUTH ALLEN ROAD, FLAT ROCK, NC 28731
Parcel ID Number: 9588-02-5700 Zoning District: OFI

William G. Lapsley

TO THE BOARD OF COMMISSIONERS:

I, WILLIAM G. LAPSLEY (owner/agent), hereby petition the Board of Commissioners to issue a SPECIAL USE PERMIT for use of the property described in the attached form, or if not adequately explained there, as more fully described herein:

Proposed 7,666 SF expansion of Elizabeth House. Expansion to include additional administrative area for clinical staff, six (6) new patient care rooms and 17 additional parking spaces.

Authority to grant the requested permit is contained in the Zoning Ordinance, Sections _____

The Zoning Ordinance imposes the following GENERAL REQUIREMENTS on the use requested by the applicant. Under each requirement, the applicant should explain, where applicable, how the proposed use satisfied these requirements:

General Requirement #1: The use will not adversely affect the health and safety of persons residing or working in the neighborhood: The proposed addition will not impact the neighbors view or traffic flow on South Allen Road.

General Requirement #2: The use will not be detrimental to the public welfare or injurious to property or public improvements in the neighborhood: The proposed addition will provide additional hospice services for the public at large. It will not be injurious to property in the area.

(continue remarks on reverse side or separate page)

The Zoning Ordinance also imposes the following SPECIFIC REQUIREMENTS on the use requested by the applicant. The applicant should be prepared to demonstrate that satisfactory provisions have been made for the following, where applicable:

- Satisfactory ingress and egress to property and proposed structures thereon, with particular reference to pedestrian safety and convenience, automotive, traffic flow and control;
- Provision of off-street parking and loading areas where required, with particular attention to the items above and the economic, noise, glare, and odor effects of the conditional use on adjoining

Application for a Special Use Permit

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- properties in the area;
- Utilities with reference to locations, availability, and compatibility;
- Buffering with reference to type, location, and dimensions;
- Playgrounds, open spaces, yards, landscaping, access ways, pedestrian ways with reference to location, size, and suitability;
- Building and structures with reference to location, size, and use.

In addition, the applicant shall provide the names and addresses of all adjoining property owners.

I certify that all of the information presented by the undersigned in this application is accurate to the best of my knowledge, information, and belief.

Chau Ngy
Signature of Applicant

10-25-05
Date

IN THE EVENT THAT ANY DISCREPANCIES EXIST BETWEEN THE CRITERIA OUTLINED ON THIS FORM AND THE ZONING ORDINANCE OF HENDERSON COUNTY, THE ORDINANCE SHALL PREVAIL.

Autumn Radcliff
Received By

11-3-05
Date

\$ 400.00
Fee Paid

11-3-05
Date Received

