

# REQUEST FOR BOARD ACTION

## HENDERSON COUNTY BOARD OF COMMISSIONERS

**Meeting Date:** January 3, 2006

**Subject:** Set Public Hearing on Amendment to Special Use Permit Application #SUP-46-96-A3, Four Seasons Hospice

**Attachments:** 1. Application #SUP-46-96-A3  
2. Vicinity / Current Zoning Map

### **SUMMARY OF REQUEST:**

On November 3, 2005, William G. Lapsley & Associates, P.A. on behalf of Partners in Health Condominium Association, LLC., 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.

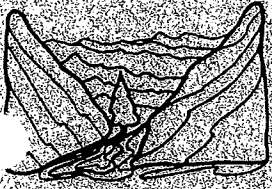
On November 7, 2005, the Henderson County Board of Commissioners referred the amendment to Special Use Permit application #SUP-46-96-A3 to the Planning Board for its review and recommendations.

The Planning Board considered the application at its regular meeting on December 20, 2005, and its recommendations as well as staff comments will be presented at the public hearing.

Before taking action on the application, the Board of Commissioners must hold a public hearing. The public hearing on the special use permit application must be conducted as a quasi-judicial proceeding. Given the public notice requirements, the earliest regular meeting date at which such a public hearing could be held is Monday, January 30, 2006.

### **COUNTY MANAGER'S RECOMMENDATION / BOARD ACTION REQUESTED:**

I recommend that the Board of Commissioners schedule a special called meeting for the public hearing on the amendment to special use permit #SUP-46-96-A3.

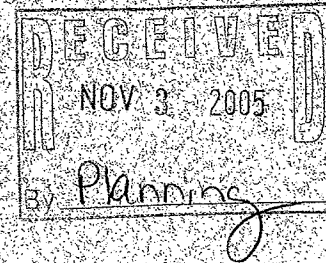


William G. Lapsley & Associates, P.A.  
Consulting Civil Engineers and Land Planners

William G. Lapsley, P.E.  
William R. Bure, P.E.  
G. Thomas Jones III, P.E.  
Donald L. Hurley, 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.

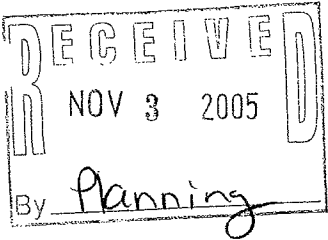
Sincerely,

William G. Lapsley, P.E.

WGL/jg  
cc: Partners in Health

Application No. SP-46-96-A2

AMENDMENT TO SPECIAL USE PERMIT #SP-46-96 Attachment 1



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 William G. Lapsley AGENT
Address: 511 SOUTH ALLEN ROAD, FLAT ROCK, NC 28731 Phone: 697-7334
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

TO THE BOARD OF COMMISSIONERS:

I, WILLIAM G. LABLEY (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  
Page 2

- 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.

Chadwick  
Signature of Applicant

10-25-05  
Date

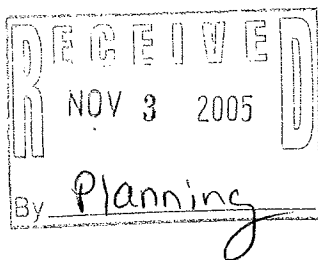
IN THE EVENT THAT ANY DISCREPANCIES EXIST BETWEEN THE CRITERIA OUTLINED ON THIS FORM AND THE ZONING ORDINANCE OF HENDERSON COUNTY, THE ORDINANCE SHALL PREVAIL.

Autumn Radcliff  
Received By

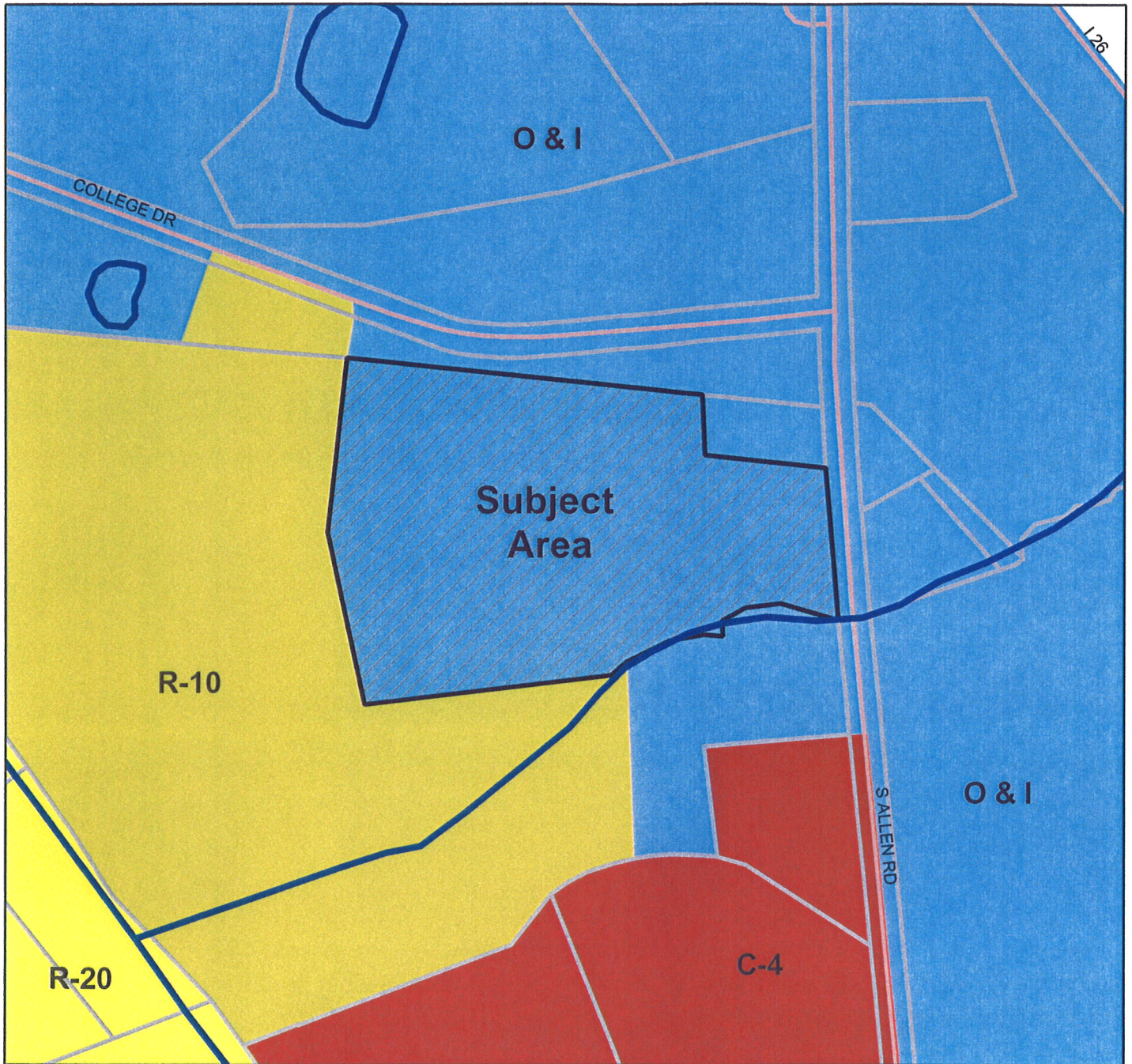
11-3-05  
Date

\$ 400.00  
Fee Paid

11-3-05  
Date Received







**Legend**

- Streets
- Streams
- Parcels
- Subject Area

**Amendment to Special Use Permit  
#SUP-46-96-A3  
Four Seasons Hospice, Applicant**

