

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

QUASI-JUDICIAL PUBLIC HEARING

Application for an Amendment to a Special Use Permit for an Expansion to the Four Seasons Hospice Building

**Application #SUP-46-96-A3 by
Partners in Health Condominium Association, LLC.**

MEETING DATE: February 6, 2006

ATTACHMENTS: 1. Application #SUP-46-96-A3
2. Site / 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.

Public Notice

In accordance with the Henderson County Zoning Ordinance, notices of the hearing on the Special Use Permit application (#SUP-46-96-A3) were published in the Times-News on January 13, 2006 and on January 19, 2006. On January 19, 2006 the Planning Department posted notices at

the project site to advertise the hearing. On January 20, 2006 the Planning Department sent notices of the public hearing via certified mail to the applicant and adjacent property owners.

County Manager's Recommendation

Since the matter requires a quasi-judicial public hearing, the Board of Commissioners must consider the evidence presented at the hearing and make findings of fact based on that evidence in order to take action on the amendment to the Special Use Permit application. Therefore, I would prefer to reserve my comments until such evidence is presented.

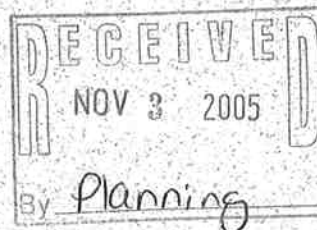


William G. Lapsley & Associates, P.A.

Consulting Civil Engineers and Land Planners

William G. Lapsley, P.E.
William R. Buie, 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

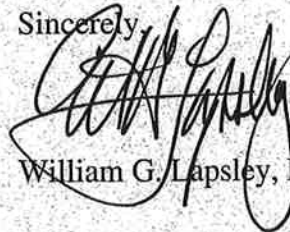
Dear Ms. Francis:

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.

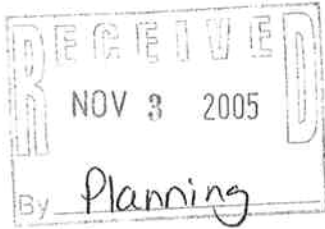
WGL/jg
cc: Partners in Health

Application No.

SP-46-96-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
Address: 511 SOUTH ALLEN ROAD, FLAT ROCK, NC 28731 Phone: 697-7334 AGENT
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: O+I

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
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.

Chaeun Ngy
Signature of Applicant

10-25-05
Date

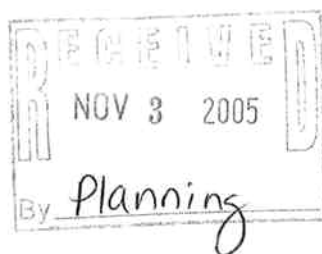
IN THE EVENT THAT ANY DISCREPANCIES EXIST BETWEEN THE CRITERIA OUTLINED ON THIS FORM AND THE ZONING ORDINANCE OF HENDERSON COUNTY, THE ORDINANCE SHALL PREVAIL.

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Received By

11-3-05
Date

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Fee Paid

11-3-05
Date Received

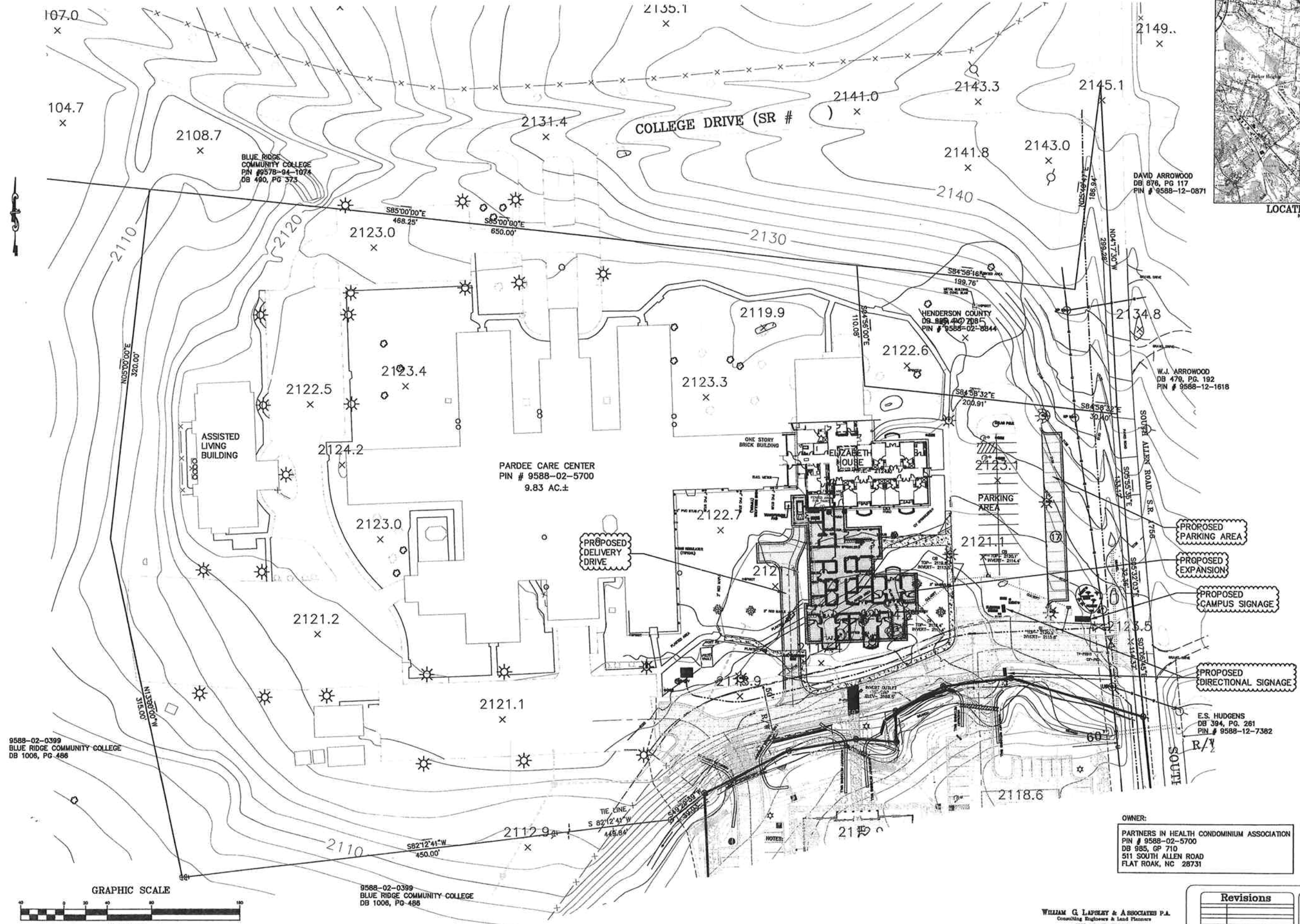




WILLIAM G. LAPSLEY & ASSOCIATES P.A.
CONSULTING ENGINEERS & LAND PLANNERS
HENDERSONVILLE, NORTH CAROLINA

PARTNERS IN HEALTH
HENDERSON COUNTY,
NORTH CAROLINA

PROPOSED
ELIZABETH HOUSE EXPANSION



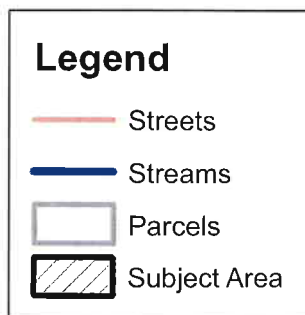
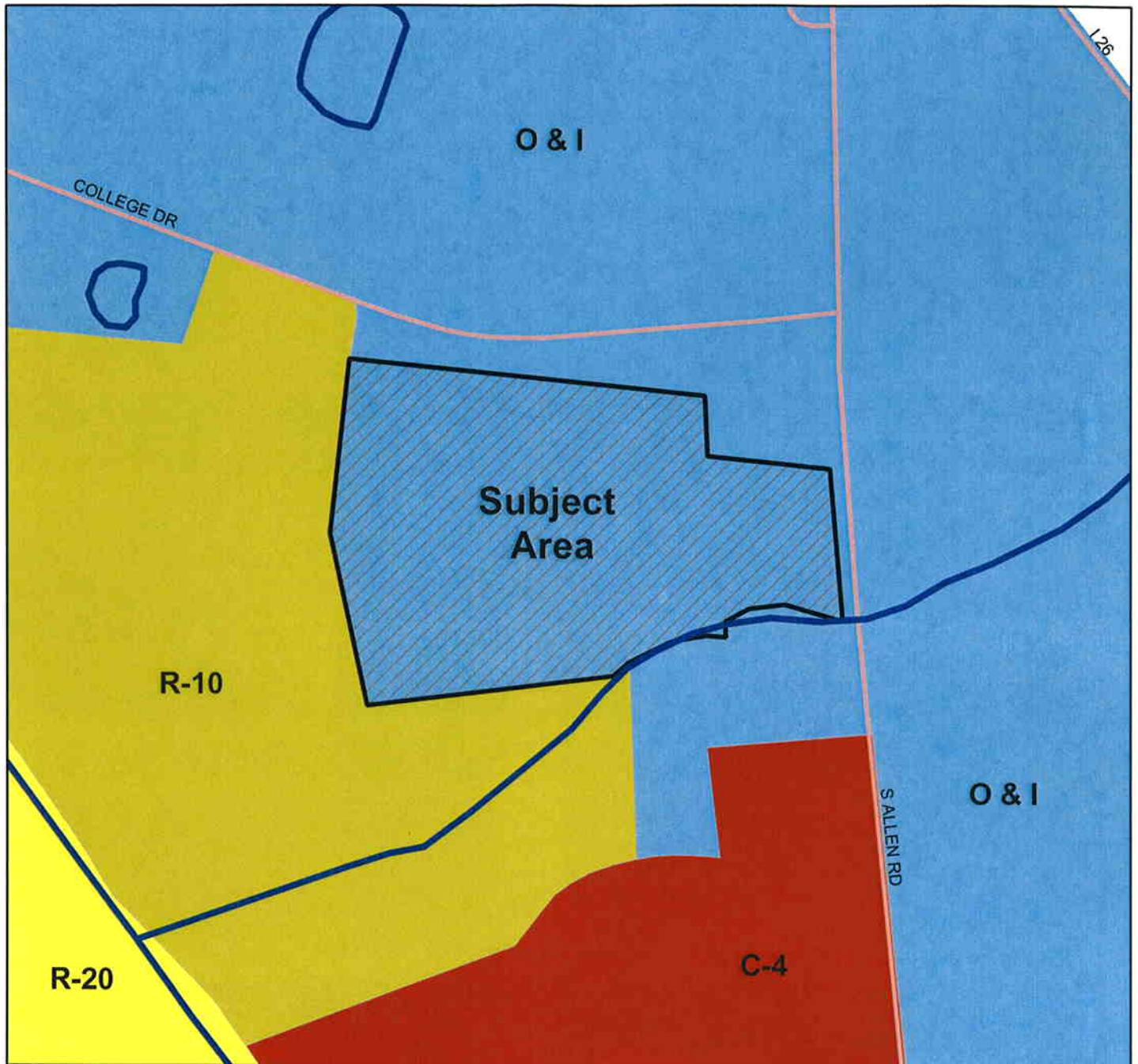
OWNER:
PARTNERS IN HEALTH CONDOMINIUM ASSOCIATION
PIN # 9588-02-5700
DB 985, GP 710
511 SOUTH ALLEN ROAD
FLAT ROCK, NC 28731

WILLIAM G. LAPSLEY & ASSOCIATES P.A.
Consulting Engineers & Land Planners
1605 Asheville Highway
Hendersonville, North Carolina 28705
888-697-7354 • Fax 888-697-7353

Revisions

date: 11/05
job:
drawn: khc

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

