



NEW HANOVER COUNTY

DEPARTMENT OF PLANNING & LAND USE

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planningdevelopment.nhcgov.com

ZONING MAP AMENDMENT APPLICATION

This application form must be completed as part of a zoning map amendment application submitted through the county's online COAST portal. The main procedural steps in the submittal and review of applications are outlined in the flowchart



below. More specific submittal and review requirements, as well as the standards to be applied in reviewing the application, are set out in Section 10.3.2 of the Unified Development Ordinance.

1. Applicant and Property Owner Information

Applicant/Agent Name Tom Walsh	Owner Name (if different from Applicant/Agent)
Company Novant Health – New Hanover Regional Medical Center	Company/Owner Name 2
Address PO Box 1649	Address
City, State, Zip Wilmington , NC 28402	City, State, Zip
Phone 910-343-2789	Phone
Email Thomas.Walsh@nhrmc.org	Email

2. Subject Property Information

Address/Location NH- NHRMC Scotts Hill Village- 151 Scotts Hill Medical Drive (100-151)		Parcel Identification Number(s) RO 2900-002-067-000(CZ-O&I), RO 2900-002-077-000 (CZ-O&I) & RO290-002-078-000 (B-1)	
Total Parcel(s) Acreage (+/- 40.913 Acres)	Existing Zoning and Use(s) CZ-O&I and B-1	Proposed Zoning District(s) O&I	Future Land Use Classification Community Mixed Use

3. Zoning Map Amendment Considerations

Requests for general rezonings do not consider a particular land use but rather all of the uses permitted in the requested zoning district for the subject property. Rezoning requests must be consistent with the New Hanover County 2016 Comprehensive Plan and the Unified Development Ordinance. Zoning Map amendments reclassify the land that is subject of the application to the requested zoning district classification(s) and subjects it to the development regulations applicable to the district(s).

The applicant must explain, with reference to attached plans (where applicable), how the proposed Zoning Map amendment meets the following criteria. (attach additional pages if necessary)

1. How would the requested change be consistent with the County's policies for growth and development, as described in the 2016 Comprehensive Plan, applicable small area plans, etc.?

The 2016 Comprehensive Plan states that "access to healthcare is important because it provides preventative medical care which contributes to overall health". New Hanover Regional Medical Center, owner of all of these properties, is noted in the Comprehensive Plan as one of the county's largest employers. With the anticipated growth in the north of the county and the adjacent counties, the hospital seeks to further support the development of a regional medical center where the existing Scotts Hill Free standing Emergency Department and Surgery Center are located. The setbacks and height limitations as described under O&I are more conducive to the required building heights encountered for the medical center use.

2. How would the requested zoning change be consistent with the property's classification on the 2016 Comprehensive Plan's Future Land Use Map?

The described properties are noted as a Community Mixed Use classification which supports civic, office, and institutional uses within that category of use amongst many other uses. The location, bounded on 3 sides by Scotts Hill, Hwy 17, and Scotts Hill will provide easy access to the major thoroughfares of the area.

3. What significant neighborhood changes have occurred to make the original zoning inappropriate, or how is the land involved unsuitable for the uses permitted under the existing zoning?

The further residential and employment center growth of this section of the county and the growth of the adjacent areas of Pender County have made it clear that additional medical center needs are to be addressed in the area. The Conditional Zoning-O&I for this site and the B-1 section of the land should be converted to allow the most flexibility for the regional medical center's future development.

4. How will this zoning change serve the public interest?

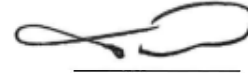
Having a Regional Medical Center located within shorter driving distance from the current downtown location only will serve the community with more access to healthcare and shorter drive times.

Staff will use the following checklist to determine the completeness of your application. Please verify all of the listed items are included and confirm by initialing under "Applicant Initial". Applications determined to be incomplete must be corrected in order to be processed for further review.

Application Checklist

Applicant Initial

This application form, completed and signed



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Application fee:

- \$500 for 5 acres or less
- \$600 for more than 5 acres



A handwritten signature in black ink, appearing to be 'S. P.', written over a horizontal line.

Legal description (by metes and bounds) or recorded survey Map Book and Page Reference of the property requested for rezoning



A handwritten signature in black ink, appearing to be 'S. P.', written over a horizontal line.

One (1) hard copy of ALL documents



A handwritten signature in black ink, appearing to be 'S. P.', written over a horizontal line.

Acknowledgment and Signatures Form (if applicable)



A handwritten signature in black ink, appearing to be 'S. P.', written over a horizontal line.

One (1) digital PDF copy of ALL documents AND plans



A handwritten signature in black ink, appearing to be 'S. P.', written over a horizontal line.

4. Acknowledgement and Signatures

I hereby certify that I am the applicant or authorized agent of the applicant, and the information included in this application is accurate to the best of my knowledge, information, and belief. I also certify that I have submitted all of the information and documentation required for this application. Further, I acknowledge that no site work can commence until all applicable approvals and permits are obtained, and that any modifications to approved or proposed plans must be reviewed by the County and may require the submittal of a new application.



Signature of Applicant

Thomas Walsh

Print Name

Signature of Applicant

Print Name

Note: This form must be signed by the owner(s) of record, contract purchaser(s), or other persons(s) having a recognized property interest; or by a person authorized to submit the application on their behalf.

If an applicant requests delay of consideration from the Planning Board or Board of County Commissioners before notice has been sent to the newspaper, the item will be calendared for the next meeting and no fee will be required. If delay is requested after notice has been sent to the newspaper, the Board will act on the request at the scheduled meeting and are under no obligation to grant the continuance. If the continuance is granted, a fee in accordance with the adopted fee schedule as published on the New Hanover County Planning website will be required.