Town of Fletcher

Planning and Zoning
300 Old Cane Creek Road, Fletcher, NC 28732
(828) 687-3985 Fax (828)687-7133

Special Use Permit Application
Application Number 26-01-SUP

Name of Project: Birkshire Trace

Address/Location of Property: 196 Underwood Road, Fletcher, NC 28732

PIN# 9643738923/9643841236/9643843220 ~~9643844274~~ PID# _____

Type of Development:
☒ Residential ☐ Commercial ☐ Other

Current Zoning: C-2 interstate Commercial District Proposed Zoning: NBD- Neighborhood Business District

List requested uses:
The requested zoning change will allow the development to accomodate multi-family units.

Total Acreage 7.71 Proposed Building Sq. Ft. 113,220 Dwelling Units 115 units

	Dustin Mills, Taft-Mills Group
Name of Agent	**Name of Petitioner(s)**
	PO Box 566
Agent's Address	Address of Petitioner(s)
	Greenville, NC 27835
City, State, Zip	City, State, Zip
	252-916-2691
Telephone Number	Telephone Number
Signature of Property Owner if other than Petitioner	Signature

If an AGENT is filing the petition, you must have a signed Owner's Affidavit attached to the petition.
If you have any questions about filling out this application, please contact the Planning and Zoning Department at (828) 687-3985.

Received by Tyler Moore Date 2-18-26

Docusign Envelope ID: C5DAA48F-5991-4E41-A440-91FD8FF06991

Owner's Affidavit

I (we) the undersigned do hereby give permission to (agent's name or organization) Dustin Mills, Taft-Mills Group, LLC to file petition (application) for property(s) located at 196 Underwood Road, Fletcher, NC 28732 with PIN (or PID)# 9643738923/9643841236** ** 9643843220/9643844274 on this affidavit for the purpose of requesting a Special Use Permit or Conditional Use Rezoning from the Town Council of the Town of Fletcher, NC. I further understand that my signature is consent to all conditions and/or stipulations that may be imposed or adopted by such Town Council as part of the petition approval.

1. Owner's Name (Please Print) AVL Holdings, LLC. Satis Patel, Managing Member

   Owner's Signature _____ Date 2/10/26

2. Owner's Name (Please Print) Arden Hospitality, LLC. Satis Patel, Managing Member

   Owner's Signature _____ Date 2/10/26

3. Owner's Name (Please Print) _____

   Owner's Signature _____ Date _____

4. Owner's Name (Please Print) _____

   Owner's Signature _____ Date _____

Agent's (Contact) Information

Name: _____ Address: _____

Phone Number: _____ Fax Number: _____