



**City of Greenville**

**Notice of Administrative Decision for Application # CU 21-270**

*This public notice is mailed to property owners within 300 feet of the subject property*

**Property Address:** 1622 E NORTH ST 3 & 4 (TMS#: 019200-02-00600)

**Application:** Conditional Use Permit to establish a medical office in the C-1 zoning district.

**Decision:** Approved with Conditions

**Conditions:**

- 1) The use shall not exceed a gross floor area of 2,000 sq. ft.
- 2) Hours of operation shall be limited to the hours between 7 a.m. and 9 p.m.
- 3) A copy of the Conditional Use Permit shall be maintained with other posted occupancy information on the premises and made available for code enforcement inspections.

By application filed 4/02/21 the Applicant, Christina LeBoeuf dba "CAROLINA HOLISTIC HEALTH"; requested a Conditional Use pursuant to Section 19-2.3.6, *Conditional Use Permit*; Section 19-4.1, *Table of Uses*; and Section 19-4.3.2, *Use Specific Standards*, of the Greenville City Code to operate a medical facility in the C-1, Neighborhood Commercial District. was mailed to property owners within 300 feet of the subject property on April 2, 2021.

**Findings:**

- The use complies with the goals, policies, and standards of the ordinance and, in particular, with the standards of Section 19-4.3, *Use Specific Standards*.
- The infrastructure capacity is adequate to serve the conditional use.

**Appeal:**

Any person believing that the administrator erred in its decision has the right to appeal the decision to the City of Greenville Board of Zoning Appeals. The appeal form and fee must be submitted to the Planning and Development office within 10 business days after the decision is made and must state the reasons he or she believes the decision is illegal, either in whole or in part.

**Conditional Use Permit:**

The Conditional Use Permit issued to the Applicant is required to be maintained with other posted occupancy information on the premises, available to city inspectors.

**General Information:**

The appropriate responsible party must obtain any necessary permits, certificates and/or licenses from the City of Greenville Permits and Licenses Office before beginning work, occupying premises, or starting a business. Failure to comply with any conditions prescribed in conformity with the City of Greenville Code of Ordinances (Land Management), when made part of the terms under which this Conditional Use is granted, shall be deemed a violation of the City Code, punishable under penalties established by City Code.

Matthew D. Lonnerstater, AICP  
Development Planner

April 19<sup>th</sup>, 2021

Date



Office Use Only:

Application# \_\_\_\_\_ Fees Paid \_\_\_\_\_  
Date Received \_\_\_\_\_ Accepted By \_\_\_\_\_

**APPLICATION FOR CONDITIONAL USE  
CITY OF GREENVILLE, SOUTH CAROLINA**

APPLICANT / PERMITTEE: Christina LeBoeuf Carolina Holistic Health  
*\*Operator of the proposed use;* Name Title / Organization  
*permit may be limited to this entity.*

APPLICANT'S REPRESENTATIVE: \_\_\_\_\_  
*(Optional)* Name Title / Organization

MAILING ADDRESS: 201 W. Stone Ave Greenville SC 29609

PHONE: 864516868 EMAIL: tcmdoc37@gmail.com

PROPERTY OWNER: 1622 E. North Street, LLC

MAILING ADDRESS: 101 E. Washington St, Ste 400; Greenville, SC 29601

PHONE: 864-232-9040 EMAIL: Keith@naief.com

PROPERTY INFORMATION

STREET ADDRESS: 1622 E. North St Greenville SC 29607

TAX PARCEL #: 0192000200600 ACREAGE: .894 ZONING DESIGNATION: C-1

REQUEST

Refer to Article 19-4, Use Regulations, of the Land Management Ordinance ([www.municode.com/library/](http://www.municode.com/library/))

DESCRIPTION OF PROPOSED LAND USE:

Medical Office - Holistic Wellness

INSTRUCTIONS

1. The application and fee, **made payable to the City of Greenville**, must be submitted to the planning and development office during normal business hours.
2. The applicant/owner must respond to the "standards" questions on page 2 of this application (you must answer "why" you believe the application meets the tests for the granting of a conditional use). See also **Section 19-2.3.6, Conditional Use Permit**, for additional information. You may attach a separate sheet addressing these questions.
3. For conditional use requests for nightclubs/bars, event venues, or businesses operating after midnight, the applicant must also submit the **Zoning Compliance Application for Establishments Serving Beer, Wine, or Liquor**.

4. You must attach a scaled drawing of the property that reflects, at a minimum, the following: (a) property lines, existing buildings, and other relevant site improvements; (b) the nature (and dimensions) of the proposed development (activity); (c) existing buildings and other relevant site improvements on adjacent properties; and, (d) topographic, natural features, etc. relevant to the requested special exception.

5. You must attach the required application fee: \$250.00

6. The administrator will review the application for "sufficiency" pursuant to **Section 19-2.2.6, Determination of Sufficiency**, prior to routing the application for staff review. If the application is determined to be "insufficient", the administrator will contact the applicant to request that the applicant resolve the deficiencies. **You are encouraged to schedule an application conference with a planner, who will review your application for "sufficiency" at the time it is submitted. Call (864) 467-4476 to schedule an appointment.**

7. **Please read carefully:** The applicant and property owner affirm that all information submitted with this application; including any/all supplemental information is true and correct to the best of their knowledge and they have provided full disclosure of the relevant facts.

In addition the applicant affirms that the applicant or someone acting on the applicant's behalf has made a reasonable effort to determine whether a deed or other document places one or more restrictions on the property that preclude or impede the intended use and has found no record of such a restriction.

If the planning office by separate inquiry determines that such a restriction exists, it shall notify the applicant and advise them to withdraw or modify the application in a timely manner, or act to have the restriction terminated or waived.

To that end, the applicant hereby affirms that the tract or parcel of land subject of the attached application is  or is not  restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the requested activity.

<u>Christina LeBoeuf</u>	APPLICANT SIGNATURE
<u>4-1-21</u>	DATE
<u>[Signature]</u>	PROPERTY OWNER SIGNATURE
<u>4-1-21</u>	DATE

**Applicant Response To  
Section 19-2.3.6(D), Standards – Conditional Use Permit**

(You may attach a separate sheet)

1. Describe the ways in which the proposal complies with the goals, policies, and standards of the ordinance and, in particular, with the standards of **Section 19-4.3, Use Specific Standards**.

Holistic health office operating M-Saturday 8a-8p supporting the revival of the area. our office is in the same category as the chiropractor and massage/spa's in the area.

2. Describe the ways in which the infrastructure (roads, potable water, sewerage, schools, parks, police, fire, and emergency facilities) capacity is adequate to serve the proposed conditional use.

We are not a burden on the infrastructure. We have only 4-6 people in our office at one time, including staff. We use very little water, we are quiet and peaceful.

## Matt Lonnerstater

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**From:** Keith L. Jones <kjones@naiearlefurman.com>  
**Sent:** Thursday, April 1, 2021 7:45 PM  
**To:** Christina LeBoeuf; Matt Lonnerstater  
**Subject:** Re: Conditional use document

CAUTION: This email is from an EXTERNAL source. Ensure you trust this sender before clicking on any links or opening attachments.

It will be suites 3 and 4 totaling 1890 ft.<sup>2</sup>.

Keith Jones  
NAI Earle Furman, LLC  
864-275-8699

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**From:** Christina LeBoeuf <tcmdoc29@yahoo.com>  
**Sent:** Thursday, April 1, 2021 6:06:12 PM  
**To:** Keith L. Jones <kjones@naiearlefurman.com>; mlonnerstater@greenvillesc.gov <mlonnerstater@greenvillesc.gov>  
**Subject:** Fw: Conditional use document

Keith,  
I can't remember the answer to those questions. Can you answer for me please..."please clarify which suite units you will be occupying, as well as the total square footage."  
Christina

[Sent from Yahoo Mail for iPhone](#)

Begin forwarded message:

On Thursday, April 1, 2021, 5:03 PM, Matt Lonnerstater <mlonnerstater@greenvillesc.gov> wrote:

Thank you, Christina. I will process this tomorrow. In the meantime, can you please clarify which suite units you will be occupying, as well as the total square footage.

Thank you,

**Matthew D. Lonnerstater, AICP**  
Development Planner | Planning & Development  
[MLonnerstater@greenvillesc.gov](mailto:MLonnerstater@greenvillesc.gov) | [www.greenvillesc.gov](http://www.greenvillesc.gov)

864-467-6681



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**From:** Christina LeBoeuf <tcmdoc29@yahoo.com>  
**Sent:** Thursday, April 1, 2021 4:59 PM  
**To:** Matt Lonnerstater <mlonnerstater@greenvillesc.gov>  
**Subject:** Conditional use document

CAUTION: This email is from an EXTERNAL source. Ensure you trust this sender before clicking on any links or opening attachments.

Hi Matthew,

This is Christina LeBoeuf from Carolina Holistic Health. The building that I am leasing from at the end of May sent me an email saying I needed to fill out this form and get it back to you. I did the best I could filling it out. If there's anything else I can do or any questions I can answer feel free to give me a call at 864-516-6868. Can I pay for this over the phone using a credit card?

Sincerely,

Christina

[Sent from Yahoo Mail for iPhone](#)