



GASTON COUNTY

Department of Planning & Development Services

Street Address: 128 W. Main Avenue, Gastonia, North Carolina 28052

Phone: (704) 866-3195

Mailing Address: P.O. Box 1578, Gastonia, N.C. 28053-1578

Fax: (704) 866-3966

GENERAL REZONING APPLICATION

Application Number: **Z**

Applicant

Planning Board (Administrative)

Board of Commission (Administrative)

ETJ

A. *APPLICANT INFORMATION

Name of Applicant: _____
(Print Full Name)

Mailing Address: _____
(Include City, State and Zip Code)

Telephone Numbers: _____
(Area Code) **Business** (Area Code) **Home**

** If the applicant and property owner(s) are not the same Individual or group, the Gaston County Zoning Ordinance requires written consent form from the property owner(s) or legal representative authorizing the Rezoning Application. Please complete the Authorization/Consent Section on the reverse side of the application.*

B. OWNER INFORMATION

Name of Owner: _____
(Print Full Name)

Mailing Address: _____
(Include City, State and Zip Code)

Telephone Numbers: _____
(Area Code) **Business** (Area Code) **Home**

C. PROPERTY INFORMATION

Physical Address or General Street Location of Property: _____

Parcel Identification (PID): _____

Acreage of Parcel: _____ +/- Acreage to be Rezoned: _____ +/- Current Zoning: _____

Current Use: _____ Proposed Zoning: _____

D. PROPERTY INFORMATION ABOUT MULTIPLE OWNERS

Name of Property Owner: _____

Name of Property Owner: _____

Mailing Address: _____

Mailing Address: _____

(Include City, State and Zip Code)

(Include City, State and Zip Code)

Telephone: _____
(Area Code)

Telephone: _____
(Area Code)

Parcel: _____
(If Applicable)

Parcel: _____
(If Applicable)

(Signature)

(Signature)

See Reverse Side For Completion of Additional Sections

E. AUTHORIZATION AND CONSENT SECTION

(I/We), being the property owner(s) or heir(s) of the subject property referenced on the **Gaston County Rezoning Application** and having authorization/interest of property parcel(s) _____ hereby give _____ consent to execute this proposed action.
(Name of Applicant)

(Signature) _____ (Date)

(Signature) _____ (Date)

I, _____, a Notary Public of the County of _____ State of North Carolina, hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and notarial seal, this the _____ day of _____, 20_____.

Notary Public Signature _____ Commission Expiration

(I/We), also agree to grant permission to allow employees of Gaston County to enter the subject property during reasonable hours for the purpose of making **Zoning Review**.

Please be advised that an approved general rezoning does not guarantee that the property will support an on site wastewater disposal system (septic tank). Though a soil analysis is not required prior to a general rezoning submittal and/or approval, the applicant understands a chance exists that the soils may not accommodate an on site wastewater disposal system thus adversely limiting development choices/uses unless public utilities are accessible.

If the application is not fully completed, this will cause rejection or delayed review of the application. In addition, please return the completed application to the Planning and Development Services Department within the County Administrative Building located at 128 West Main Avenue, Gastonia, NC 28052.

APPLICATION CERTIFICATION

(I, We), the undersigned being the property owner/authorized representative, hereby certify that the information submitted on the subject application and any applicable documents is true and accurate.

Signature of Property Owner or Authorized Representative _____ Date

Note: Approval of this request does not constitute a zoning permit. All requirements must be met within the UDO.

OFFICE USE ONLY OFFICE USE ONLY OFFICE USE ONLY

Date Received: _____ Application Number: _____ Fee: _____

Received by Member of Staff: _____ Date of Payment: _____ Receipt Number: _____
(Initials)

- COPY OF PLOT PLAN OR AREA MAP COPY OF DEED
- NOTARIZED AUTHORIZATION PAYMENT OF FEE

Date of Staff Review: _____ Date of Public Hearing: _____

Planning Board Review: _____ Recommendation: _____ Date: _____

Commissioner's Decision: _____ Date: _____