**Planning Board Item VII – GENERAL PUBLIC HEARING INFORMATION (ZTA19-05)**

**Unified Development Ordinance (UDO) Text Amendments ZTA19-05**

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|---|---|
| Request: | To consider text amendments to Chapter 5 (Permits and Modification Procedures): Section 5.16.4 |
| Applicant: | Gaston County Planning Board |

**Background:**

The Unified Development Ordinance (approved April 24, 2008) sets forth procedures for amendment procedures in Chapter 5, requiring a joint public hearing the Planning Board, with final action on said amendments by the County Commission, to consider text amendments. The proposed amendments reflect the removal of the Parallel Conditional Use Permit as a zoning map amendment option. The Planning Board reviewed the amendments at a special Planning Board meeting (07/23/2019) and recommended to move them to the public hearing process.

# 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


## GASTON COUNTY
## TEXT AMENDMENT APPLICATION

Complete by either typing or printing legibly in black or blue ink

Applicant ☐ Planning Board (Administrative) ☐ Board of Commission (Administrative) ☐ ETJ ☐

### A. *APPLICATION INFORMATION

**Application Number: TA 19-05**

Name of Applicant: Gaston County Planning Board
(Print Full Name)

Mailing Address: 128 W. Main Ave., Gastonia, NC 28053
(Include City, State and Zip Code)

Telephone Numbers: (704)866-3195
(Area Code) **Business** (Area Code) **Home**

** If the applicant and property owner are not the same individual or group, the Gaston County Zoning Ordinance requires written consent from the property owner or legal representative authorizing the proposed Text Amendment Application. In addition, the authorization shall be notarized. The following two (2) sections pertain to property information, and specifics of the proposal as either a text change or a new use.*

### B. PROPERTY INFORMATION (if applicable)

Physical Address or General Street Location of Property: N/A

Tax Map Identification: Parcel (s) _____

Parcel (s) _____ Parcel (s) _____

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

Proposed use(s) to be added to text: _____ Proposed Zoning District: _____

### C. PROPOSED TEXT CHANGE (specify section of Ordinance)

Chapter 5 (Permit and Modification Procedures): Section 5.16.4

Describe proposed new use (provide an attachment if necessary).

Removal of Parallel Conditional Use Permit as a zoning map amendment option

### APPLICATION CERTIFICATION
(Circle)

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

Signature of property owner or authorized representative — Date: 07/23/19

*OFFICE USE ONLY*

Date Received: 07/23/19 Application Number: TA: 19-05 Fee: $ 0

Received by Member of Staff: SCP (Initial) Date of Payment: N/A Receipt Number: N/A

☐ Copy of Plot Plan or Area Map ☐ Copy of Deed ☐ Notarized Authorization ☐ Payment of Fee

Public Hearing Date: 08/27/19 Planning Board Recommendation: _____ Commissioner's Decision: _____