



GASTON COUNTY Department of Building & 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: REZ-

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

A. *APPLICANT INFORMATION

Name of Applicant: House Buyers LLC Jayme Infanzon
(Print Full Name)
Mailing Address: 107 Sunset Dr Mt Holly NC 28120
(Include City, State and Zip Code)
Telephone Numbers: 704 363 8527
(Area Code) Business (Area Code) Home
Email: Jayme Infanzon@yahoo.com

* 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
Email: _____

C. PROPERTY INFORMATION

Physical Address or General Street Location of Property: 520 Summerow Rd
Stanley NC 28164
Parcel Identification (PID): New PID coming from county by end of July
Acreage of Parcel: 3 +/- Acreage to be Rezoned: 2 +/- Current Zoning: R-1
Current Use: Rez Proposed Zoning: R-2 to allow manufactured homes

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: _____	Telephone: _____
(Area Code)	(Area Code)
Parcel: _____	Parcel: _____
(If Applicable)	(If Applicable)
_____ (Signature)	_____ (Signature)

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) 520 Summerow Rd Stanley NC hereby give Jayne Infanzon consent to execute this proposed action.

Jayne Infanzon
(Signature)
(Name of Applicant)

7/11/25
(Date)

(Signature)

(Date)

I, Kathleen Gillette, a Notary Public of the County of Gaston State of North Carolina, hereby certify that Jayne Infanzon personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and notarial seal, this the 11 day of JULY, 2025.

Kathleen Gillette
Notary Public Signature

11-5-2029
Commission Expiration

KATHLEEN GILLETTE
Notary Public
Gaston Co., North Carolina
My Commission Expires Nov. 5th, 2029

(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
☐ NOTARIZED AUTHORIZATION

☐ COPY OF DEED
☐ PAYMENT OF FEE

Date of Staff Review: _____

Date of Public Hearing: _____

Planning Board Review: _____ Recommendation: _____ Date: _____

Commissioner's Decision: _____ Date: _____

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH

Permit Number: 342196
File ID: 434804

CONSTRUCTION AUTHORIZATION

PID/Lot Identifier: 316482
Owner: House Buyers LLC Applicant: Same
Facility Type: _____ Property Size: 68 Well Permit #: _____
Property Location: Summerview Rd Stanley 28104 House 1

Number of bedrooms: 4 Number of Occupants: 8 Other: _____

☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No

Crawl Space? ☒ Yes ☐ No Slab Foundation? ☐ Yes ☒ No

Type of Wastewater System* IT 6 (Initial) III 6 (Repair)

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Design Daily Flow: 480 GPD

Type of Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 400 feet Trench/Bed Spacing: 9' feet on center

Trench/Bed Width: 3' inches LTAR: - 3 gpd/ft²

Soil Cover: 24 inches Minimum Trench/Bed Depth: 30 inches *As Needed Maximum Trench/Bed Depth*: 36 inches

Pump Tank Size (if applicable): _____ gallons Pump Requirements: _____ ft. TDH vs. _____ GPM

Distribution Method: ☒ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

Conditions: *4 Bedroom Home
* 400 Lft of 25"
* 1000 gallon st.

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.


Authorized Agent's Printed Name: Salvador Nava Expiration Date: 11/6/20

Authorized Agent's Signature: [Signature] Date: 11/6/20

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH

See attached site sketch

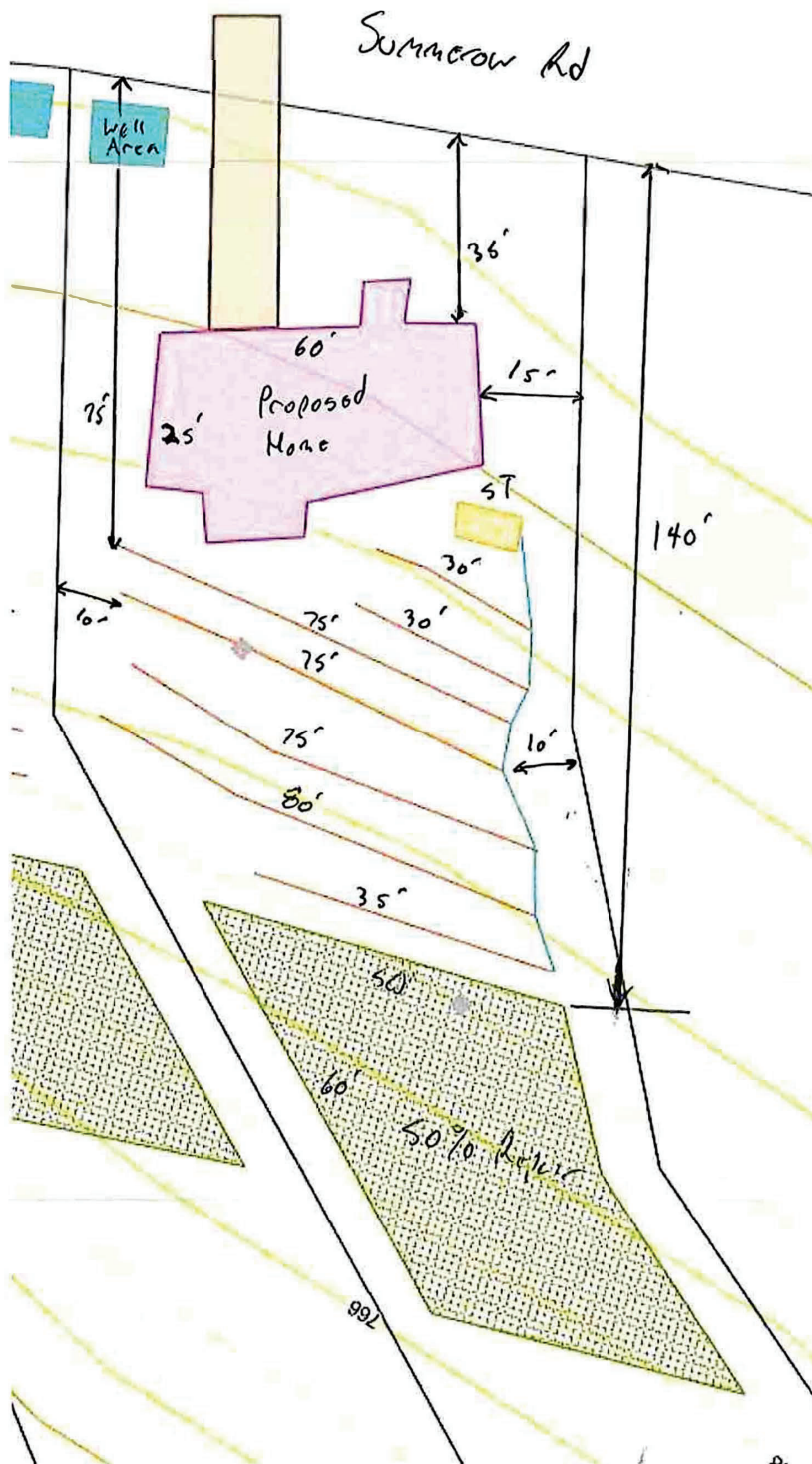
SITE SKETCH

PID <u>316422</u>	Permit Number <u>342196</u>	File ID <u>454864</u>
<u>House buyers LLC</u>	<u>Summerow Rd</u>	
Applicant's Name <u></u>	Subdivision/Section/Lot Number/Address <u>11/1/25</u>	
Authoriz <u> </u>	Date <u> </u>	

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

** See Attachment **

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH



- * 4 Bedroom
- * 25% system
- * 1000 gallon st
- * 400 Lft at 36"
- * Install on contour
- * 50% Repair



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION PERMIT APPLICATION

☐ Improvement Permit

☒ Construction Authorization

Applicant: House Buyers LLC
Mailing Address: 107 Sunset Drive
City: Mount Holly
State: NC Zip: 28120
Phone #: 704 363 8527
Email: JayneInfanzon@valus.com

Owner: Same
Mailing Address: _____
City: _____
State: _____ Zip: _____
Phone #: _____
Email: _____

PID/Lot Identifier: 316422 Property Acreage: _____

Date Parcel Originally Deeded and Recorded: _____

Property Address: _____
Subdivision (if applicable) _____ Lot #: _____ Block: _____ Section: _____

Directions to property: _____

Wastewater System Request: ☒ New ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair

Facility Type (House, Restaurant, Office, etc.): House

Number of bedrooms: 4 Number of Occupants: _____ Other: _____

Number of seats: _____ Number of Employees: _____ Other: _____

Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No

Crawl Space? ☒ Yes ☐ No Slab Foundation? ☐ Yes ☒ No

Is a grinder pump proposed before the septic tank? ☐ Yes ☒ No

Type of Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Are there any existing wells, springs, or existing waterlines on this property? ☐ Yes ☒ No

If applying for a Construction Authorization, please indicate desired system type(s):

☒ Accepted ☐ Conventional ☐ Innovative ☐ Other _____ ☐ Any

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the site subject to approval by any other public agency?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any easements or right of ways on this property?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

Property owner's signature (required) [Signature] Date 10/17/25 Applicant's signature (required) _____ Date _____

*Must provide documentation to support claim as owner's legal representative.

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH

Permit Number: 342196
File ID: 4548104

IMPROVEMENT PERMIT

PID/Lot Identifier: 167742
Owner: Charles Grant Applicant: JTB Hammon
Property Location: Summerfield Rd. Stanton 28104
Subdivision (if applicable): _____ Lot #: House 1 Block: _____ Property Size: _____
New ☒ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: Single Family home
Number of bedrooms: 3 Number of Occupants: 6 Other: _____
Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 3 Proposed LTAR (Repair): 3
Proposed Wastewater System Type*: II 6 (Initial) Pump Required: ☐ Yes ☒ No ☐ May be required
Proposed Wastewater System Type*: II 6 (Repair) Pump Required: ☐ Yes ☐ No ☐ May be required

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Saprolite System (Initial): ☐ Yes ☒ No Saprolite System (Repair): ☐ Yes ☒ No
Min. Trench Depth (Initial): 30" *As needed. Min. Trench Depth (Repair): 30" *As needed.
Max. Trench Depth (Initial): 36" Max. Trench Depth (Repair): 36"
Type of Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Permit conditions:

* 3 Bedroom Home
* See Attachment

Authorized Agent's Printed Name: Salvador Naim Jr Expiration Date: 7/3/30
Authorized Agent's Signature: [Signature] Date: 7/3/25

See attached site sketch

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH

SITE SKETCH

PID 167742

Permit Number 342.196

File ID 454 824

J & B Homebuyers
Applicant's Name

Subdivision/Section/Lot Number

7/3/25

[Signature]
Authorized State Agent

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

X See Attachment X



SITE SKETCH

Date: 7/3/2025

PID: N/A

Permit Number: **342196**

REHS: Salvador Nava Jr.

Address: Summerow Rd lot 1



* Lot must be surveyed and staked
Before AC is signed.

* Home must be staked and surveyed.


* Lot must be split and combined.
(167742 and 167740)

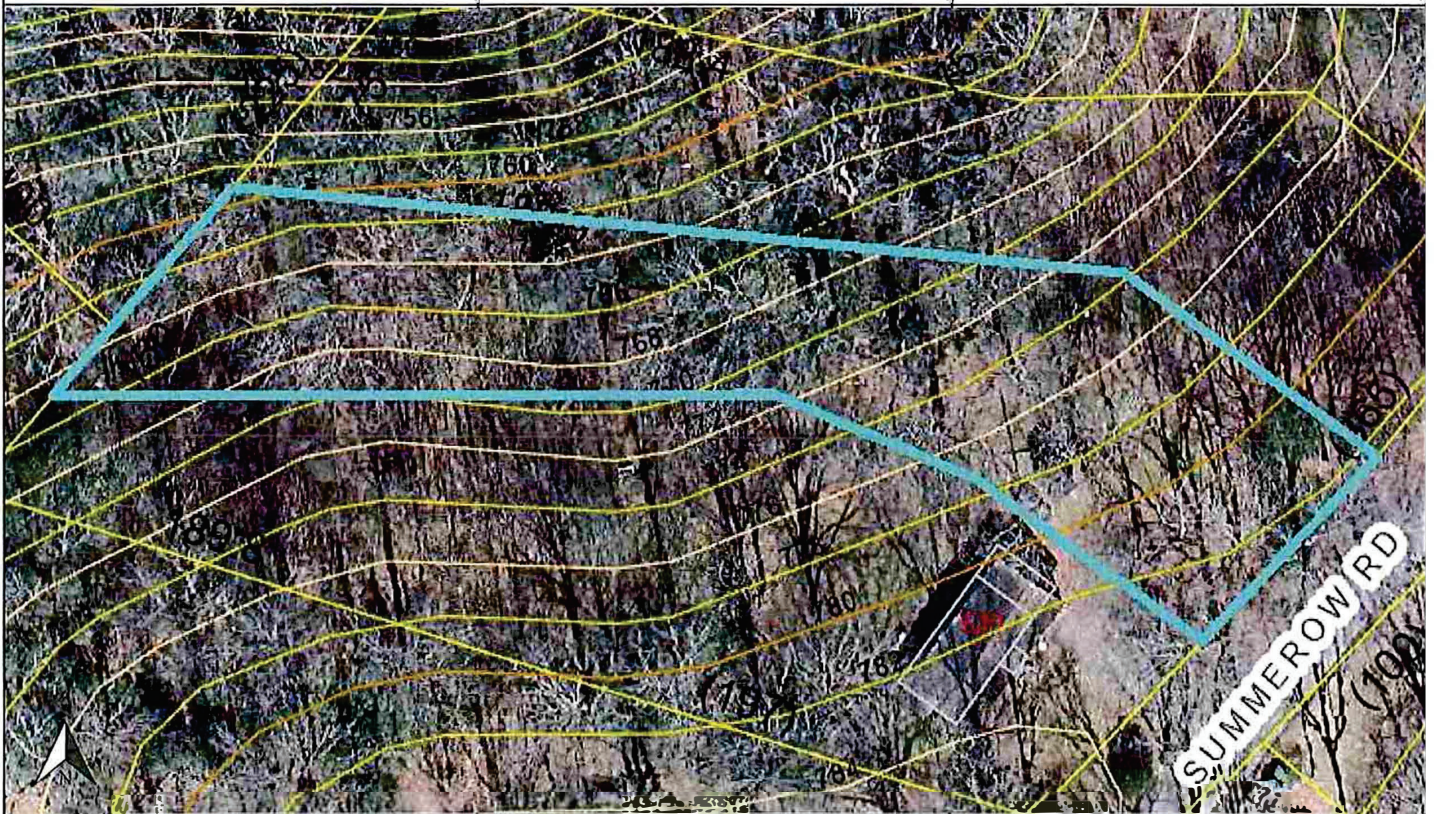
Setbacks:

5' min to any
foundation, 25' min to
any well, and 10' from
any PL.

Specifications:

Follow all NC regs and rules.

PRIMARY PROPERTY ADDRESS	TAX INFORMATION	<p>PHOTO NOT AVAILABLE</p>
<p>NO ASSIGNED ADDRESS</p> <p>PROPERTY INFORMATION</p> <p>CITY LIMITS: ETJ: NOT IN ETJ POLICE DISTRICT: GASTON COUNTY FIRE DISTRICT: ALEXIS SPECIAL FLOOD HAZARD AREA: LOCAL WATERSHED: HOYLES CREEK CENSUS TRACT: 335.01</p> <p>TAX VALUES</p>	<p>PARCEL #: 316422 PIN #: 3569-90-6986 CURRENT OWNERS: HOUSE BUYERS LLC MAILING ADDRESS: 107 SUNSET DR, MOUNT HOLLY, NC 28120- NBHD #: 2B014 NBHD NAME: SUMMEROW ROAD TOWNSHIP: DALLAS TOWNSHIP LEGAL DESC: SUMMEROW RD LOT 2 PLAT BOOK 109 PAGE 061 DEED BOOK: PAGE: DEED RECORDING DATE: 1/1/1970 SALES AMOUNT: \$0 PLAT BOOK: 109 PAGE: 061 STRUCTURE TYPE: YEAR BUILT: 0 SQUARE FOOTAGE: 0 VACANT: VACANT BASEMENT: NO BED: 0 BATH: 0 HALF-BATH: MULTI-STRUCTURES: NO ACREAGE: 0.68 TAX CODE: 280 TAX DISTRICT: ALEXIS FD VOLUNTARY AG DISTRICT: NO PROPERTY USE: OTHER</p>	
<p>MARKET LAND VALUE: \$0 MARKET IMPR. VALUE: \$0 MARKET VALUE: \$0 FARM DISCOUNT: NO EXEMPT: NO TAXABLE VALUE: PENDING</p>		<p>SKETCH NOT AVAILABLE</p>
		 <p>GASTON COUNTY GIS</p>



Disclaimer: The information provided above is not intended to be considered as a legal document or description. The GIS data provided by Gaston County is made without warranty. Primary sources from which this data was compiled must be consulted for verification of information contained within.

Document created for printing on October 17, 2025

Gaston County Health Department

Environmental Health Services Division
991 W. Hudson Blvd.
Gastonia, NC 28052
(704) 853-5200

Payment Summary

Cash:	Credit:	Authorization #:
Check: \$350.00	Check #: 1377	Check Date: 10/17/2025
Other:	Type:	Master Trans #: 428332
Received from:		
Comments:		

Date	Type of Service	Location of Service
10/17/2025	Authorization for Construction	
Line Item#		Summerow Rd House 1
236217		Stanley NC, 28164
Amount Paid		
\$350.00		

**THIS IS YOUR RECEIPT
THANK YOU!**

* he emailed Sal the final
plot plans

* will do well permit later

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH

Permit Number: 342194
File ID: 454805

CONSTRUCTION AUTHORIZATION

PID/Lot Identifier: 316 473
Owner: House Builders LLC Applicant: Same
Facility Type: Single Family Home Property Size: 1.69 Well Permit #: _____
Property Location: SummerDW Rd. Stanley 28104 House 2

Number of bedrooms: 4 Number of Occupants: 8 Other: _____
☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use
Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No
Crawl Space? ☒ Yes ☐ No Slab Foundation? ☐ Yes ☒ No

Type of Wastewater System* III e (Initial) III e (Repair)

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Design Daily Flow: 490 GPD

Type of Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 267 feet Trench/Bed Spacing: 6'-8' feet on center
Trench/Bed Width: 24 inches LTAR: 3 gpd/ft²
Soil Cover: 11 inches Minimum Trench/Bed Depth: 33 inches *As Needed Maximum Trench/Bed Depth*: 36 inches
Pump Tank Size (if applicable): _____ gallons Pump Requirements: _____ ft. TDH vs. _____ GPM
Distribution Method: ☐ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☒ Other: End to End as Shown.

Conditions: *267 feet of 50% system.
*1000 gallon st.
*4 Bedroom system.
*Vertical t&j.

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: Salvador Nunez Expiration Date: 11/6/30

Authorized Agent's Signature: [Signature] Date: 11/6/25

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH

See attached site sketch

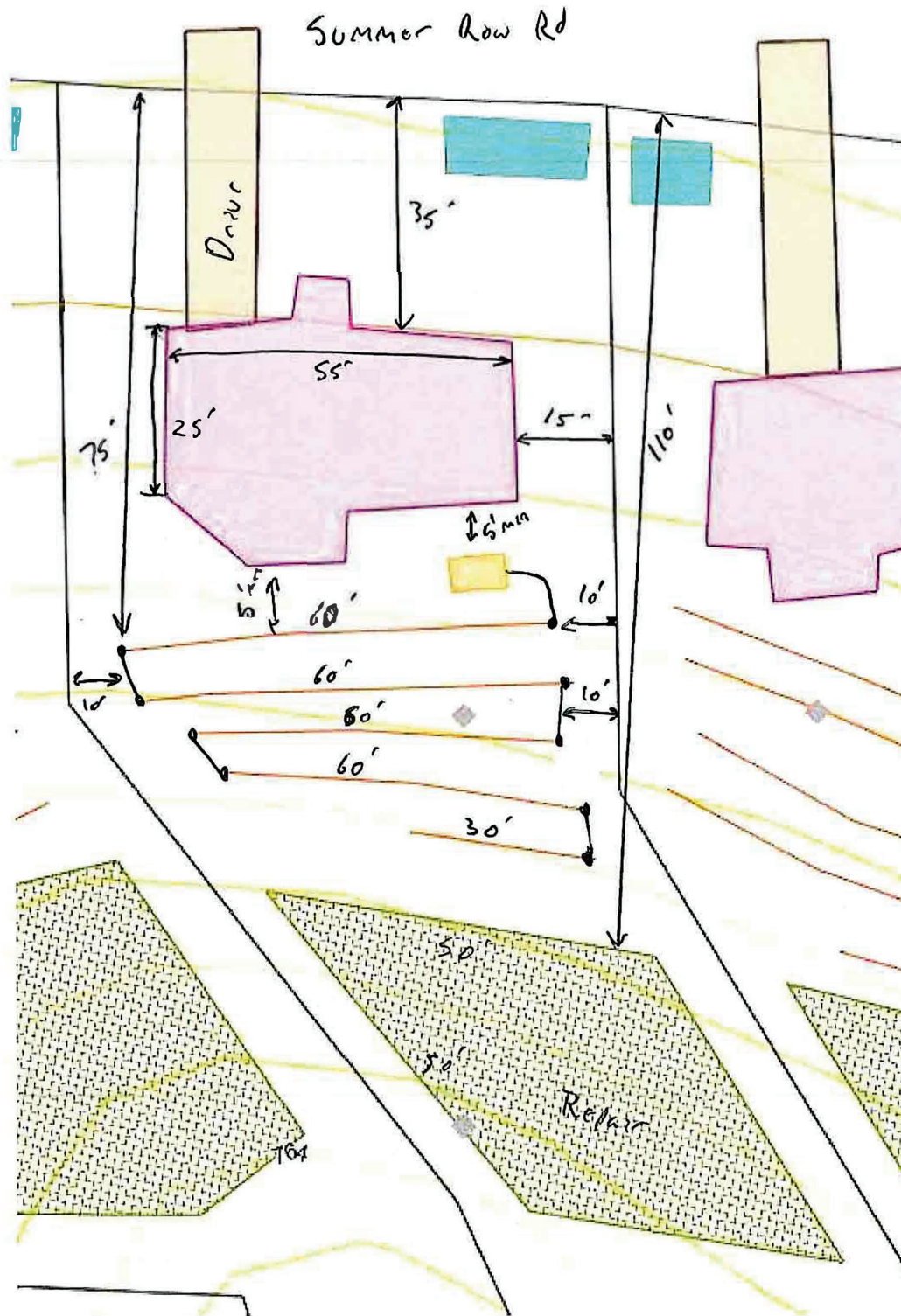
SITE SKETCH

PID 316483 Permit Number 347194 File ID 454865
House buyers LLC. Sommerow RD
Applicant's Name Subdivision/Section/Lot Number/Address
~~XXXXXXXXXX~~ 11/6/25
Authorized State Agent Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

** See Attachment **

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH





GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION PERMIT APPLICATION

☐ Improvement Permit

☒ Construction Authorization

Applicant: House Builders LLC
Mailing Address: 107 Skunket Drive
City: Mount Holly
State: NC Zip: 28120
Phone #: 704 363 8527
Email: Jayne.Tn.Panzer@yahoo.com

Owner: Same
Mailing Address: _____
City: _____
State: _____ Zip: _____
Phone #: _____
Email: _____

PID/Lot Identifier: 316477

Property Acreage: _____

Date Parcel Originally Deeded and Recorded: _____

Property Address: _____

Subdivision (if applicable) _____

Lot #: _____

Block: _____

Section: _____

Directions to property: _____

Wastewater System Request: ☒ New ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair

Facility Type (House, Restaurant, Office,
etc.): House

Number of bedrooms: 4 Number of Occupants: _____ Other: _____

Number of seats: _____ Number of Employees: _____ Other: _____

Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No

Crawl Space? ☒ Yes ☐ No Slab Foundation? ☐ Yes ☒ No

Is a grinder pump proposed before the septic tank? ☐ Yes ☒ No

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Are there any existing wells, springs, or existing waterlines on this property? ☐ Yes ☒ No

If applying for a Construction Authorization, please indicate desired system type(s):

☒ Accepted ☐ Conventional ☐ Innovative ☐ Other: _____ ☐ Any

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the site subject to approval by any other public agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any easements or right of ways on this property?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

Property owner's signature (required)

Date

Applicant's signature (required)

Date

*Must provide documentation to support claim as owner's legal representative.

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH**

Permit Number: 342194
File ID: 454805

IMPROVEMENT PERMIT

PID/Lot Identifier: 1107742
Owner: Charles Giant Applicant: J & R Homebuyers
Property Location: Summerwood Rd. Stanley 28104
Subdivision (if applicable): _____ Lot #: House 5 Block: _____ Property Size: _____
New ☒ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: Single Family House
Number of bedrooms: 3 Number of Occupants: 6 Other: _____
Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): -3 Proposed LTAR (Repair): 3
Proposed Wastewater System Type*: IIb (Initial) Pump Required: ☐ Yes ☒ No ☐ May be required
Proposed Wastewater System Type*: IIb (Repair) Pump Required: ☐ Yes ☒ No ☐ May be required

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Saprolite System (Initial): ☒ Yes ☐ No Saprolite System (Repair): ☐ Yes ☐ No
Min. Trench Depth (Initial): 30" *As needed. Min. Trench Depth (Repair): 30" *As needed.
Max. Trench Depth (Initial): 36" Max. Trench Depth (Repair): 36"
Type of Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Permit conditions:

See Attachment 1.

Authorized Agent's Printed Name: Salvador Nava Jr Expiration Date: 7/3/30
Authorized Agent's Signature: [Signature] Date: 7/3/25

See attached site sketch

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH

SITE SKETCH

PID 167743

Permit Number 347194

File ID 454865

Charles Grant
Applicant's Name

7/3/25
Subdivision/Section/Lot Number

[Signature]
Authorized State Agent

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

** See Attachment **



SITE SKETCH

Date: 7/8/25

PID: 167742

Permit Number: 342194

REHS: Salvador Nava Jr

Address: Summerow RD lot 2



* Before AC is signed Lots must be combined and Recorded.
Part of (167742, 167741, 167740)

* Home and Lot must be surveyed and staked.

* 3 Bedroom Home.

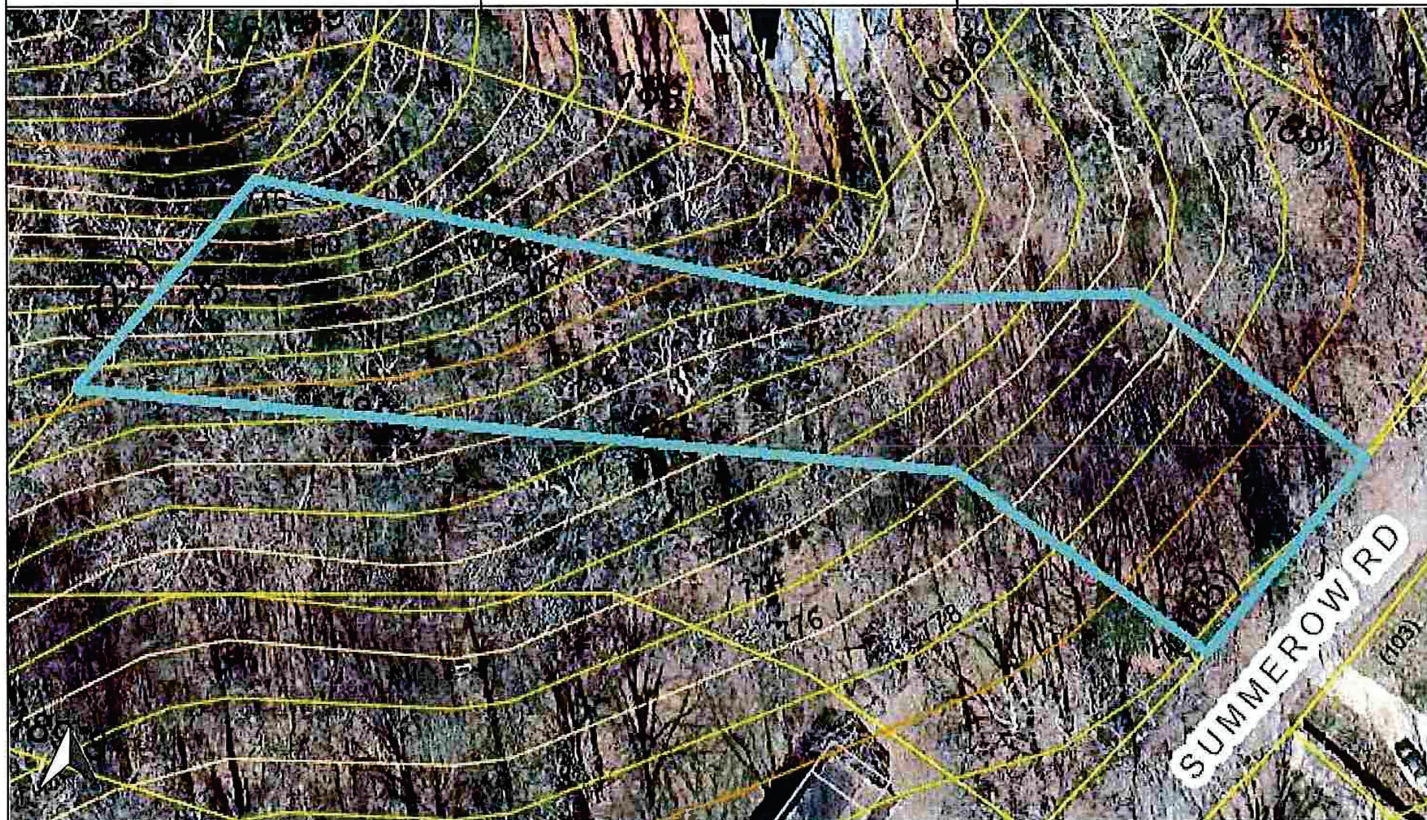
Setbacks:

5' min from any building, 10' from any PL, and 25' from any well.

Specifications:

Follow all nc rules and regs

PRIMARY PROPERTY ADDRESS	TAX INFORMATION	
NO ASSIGNED ADDRESS	PARCEL #: 316423	PHOTO NOT AVAILABLE
PROPERTY INFORMATION	PIN #: 3569-91-7032	
CITY LIMITS:	CURRENT OWNERS: HOUSE BUYERS LLC	SKETCH NOT AVAILABLE
ETJ: NOT IN ETJ	MAILING ADDRESS: 107 SUNSET DR, MOUNT HOLLY, NC 28120-	
POLICE DISTRICT: GASTON COUNTY	NBHD #: 2B014	GASTON COUNTY GIS
FIRE DISTRICT: ALEXIS	NBHD NAME: SUMMEROW ROAD	
SPECIAL FLOOD HAZARD AREA:	TOWNSHIP: DALLAS TOWNSHIP	
LOCAL WATERSHED: HOYLES CREEK	LEGAL DESC: SUMMEROW RD LOT 3 PLAT	
CENSUS TRACT: 335.01	BOOK 109 PAGE 061	
TAX VALUES	DEED BOOK: PAGE:	
MARKET LAND VALUE: \$0	DEED RECORDING DATE: 1/1/1970	
MARKET IMPR. VALUE: \$0	SALES AMOUNT: \$0	
MARKET VALUE: \$0	PLAT BOOK: 109 PAGE: 061	
FARM DISCOUNT: NO	STRUCTURE TYPE:	
EXEMPT: NO	YEAR BUILT: 0	
TAXABLE VALUE: PENDING	SQUARE FOOTAGE: 0	
	VACANT: VACANT	
	BASEMENT: NO	
	BED: 0 BATH: 0 HALF-BATH:	
	MULTI-STRUCTURES: NO	
	ACREAGE: 0.69	
	TAX CODE: 280	
	TAX DISTRICT: ALEXIS FD	
	VOLUNTARY AG DISTRICT: NO	
	PROPERTY USE: OTHER	



Disclaimer: The information provided above is not intended to be considered as a legal document or description. The GIS data provided by Gaston County is made without warranty. Primary sources from which this data was compiled must be consulted for verification of information contained within.

Document created for printing on October 17, 2025

Gaston County Health Department

Environmental Health Services Division
991 W. Hudson Blvd.
Gastonia, NC 28052
(704) 853-5200

Payment Summary

Cash:	Credit:	Authorization #:
Check: \$350.00	Check #: 1377	Check Date: 10/17/2025
Other:	Type:	Master Trans #: 428330
Received from:		
Comments:		

Date	Type of Service	Location of Service
10/17/2025	Authorization for Construction	
Line Item#		Summerow Rd House 2
236216		Stanley NC, 28164
Amount Paid		
\$350.00		

**THIS IS YOUR RECEIPT
THANK YOU!**

* he emailed Sal final plot plans
* will apply for well permit later

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH

Permit Number: 342191
File ID: 454302

CONSTRUCTION AUTHORIZATION

PID/Lot Identifier: 316424
Owner: House Buyers LLC Applicant: Stone
Facility Type: Single family home Property Size: 1.69 Well Permit #: _____
Property Location: Summeras Rd. Stanley 28164 House 3

Number of bedrooms: 4 Number of Occupants: 8 Other: _____
☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use
Basement? ☐ Yes ☐ No Basement Fixtures? ☐ Yes ☐ No
Crawl Space? ☐ Yes ☐ No Slab Foundation? ☐ Yes ☐ No

Type of Wastewater System* IIc (Initial) IIIc (Repair)

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Design Daily Flow: 400 GPD
Type of Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 400 feet Trench/Bed Spacing: 9 feet on center
Trench/Bed Width: 36 inches LTAR: .3 gpd/ft²
Soil Cover: 24 inches Minimum Trench/Bed Depth: 33 inches *As Needed Maximum Trench/Bed Depth*: 36 inches
Pump Tank Size (if applicable): _____ gallons Pump Requirements: _____ ft. TDH vs. _____ GPM
Distribution Method: ☒ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

Conditions: *4 Bedroom system
*400 LPI of 25% system
*1000 gallon ST.

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

Authorized Agent's Printed Name: Salvador Naves Expiration Date: 11/6/20

Authorized Agent's Signature: [Signature] Date: 11/6/25

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH

See attached site sketch

SITE SKETCH

PID 316424

Permit Number 342191

File ID 454866

House buyers LLC

Applicant's Name

Authorized State Agent

Sumner Rd

Subdivision/Section/Lot Number/Address

11/6/25

Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that the proper grade is maintained.

X See Attachment X



GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION PERMIT APPLICATION

☐ Improvement Permit

☒ Construction Authorization

Applicant: House Buyers LLC
Mailing Address: 107 Sunset Drive
City: Mount Holly
State: NC Zip: 28120
Phone #: 7043638527
Email: Taymo Intervenor@yahoo.com

Owner: Same
Mailing Address: _____
City: _____
State: _____ Zip: _____
Phone #: _____
Email: _____

PID/Lot Identifier: 316424 Property Acreage: _____

Date Parcel Originally Deeded and Recorded: _____

Property Address: _____
Subdivision (if applicable) _____ Lot #: _____ Block: _____ Section: _____

Directions to property: _____

Wastewater System Request: ☒ New ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair

Facility Type (House, Restaurant, Office, etc.): House

Number of bedrooms: _____ Number of Occupants: _____ Other: _____

Number of seats: _____ Number of Employees: _____ Other: _____

Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☒ No

Crawl Space? ☒ Yes ☐ No Slab Foundation? ☐ Yes ☒ No

Is a grinder pump proposed before the septic tank? ☐ Yes ☒ No

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Are there any existing wells, springs, or existing waterlines on this property? ☐ Yes ☒ No

If applying for a Construction Authorization, please indicate desired system type(s):

☒ Accepted ☐ Conventional ☐ Innovative ☐ Other _____ ☐ Any

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is any wastewater going to be generated on the site other than domestic sewage?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is the site subject to approval by any other public agency?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are there any easements or right of ways on this property?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I understand that if the information in the application is falsified, changed, or the site is altered, then the Improvement Permit and/or Construction Authorization shall be invalid. I understand that the permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

Property owner's signature (required) [Signature] Date 10/17/25 Applicant's signature (required) _____ Date _____

*Must provide documentation to support claim as owner's legal representative.

**GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH**

Permit Number: 342191
File ID: 454866

IMPROVEMENT PERMIT

PID/Lot Identifier: 1167742
Owner: Charles Grant Applicant: J & B Homebuyers
Property Location: Summerrow Dr. Stanley 28164
Subdivision (if applicable): _____ Lot #: House 34 Block: _____ Property Size: _____
New ☒ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: Single family home
Number of bedrooms: 3 Number of Occupants: 6 Other: _____
Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): .3 Proposed LTAR (Repair): .3
Proposed Wastewater System Type*: II (Initial) Pump Required: ☐ Yes ☒ No ☐ May be required
Proposed Wastewater System Type*: II (Repair) Pump Required: ☐ Yes ☒ No ☐ May be required

*Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Saprolite System (Initial): ☐ Yes ☒ No Saprolite System (Repair): ☐ Yes ☐ No
Min. Trench Depth (Initial): 32" *As needed. Min. Trench Depth (Repair): 32" *As needed.
Max. Trench Depth (Initial): 36" Max. Trench Depth (Repair): 36"
Type of Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Permit conditions:

& See Attachment
* 3 Bedroom home

Authorized Agent's Printed Name: Salvador Alarcon Expiration Date: 7/8/2020
Authorized Agent's Signature: [Signature] Date: 7/8/2020

See attached site sketch

The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plot, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

SITE SKETCH

PID <u>1167742</u>	Permit Number <u>342191</u>	File ID <u>4548dc</u>
<hr/>		
Applicant's Name <u>J & B Homebuyers</u>		
<hr/>		
Authorized State Agent _____		
<hr/>		
Subdivision/Section/Lot Number <u>7/8/2025</u>		
<hr/>		
Date _____		

* See Attachment.*



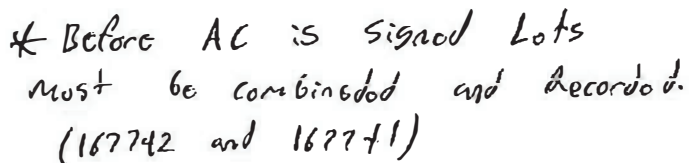
Date: 7/8/25

PID: 167742

Permit Number: 342191

REHS: Salvador Nava Jr

Address: Summerow RD lot 3



5' min from any building, 10' from any PL, and 25' from any well.

Follow all nc rules and regs

- * Lot must be surveyed and staked.
- * Home must be staked.
- * 3 Bedroom system.

PC/0111 DocId:3456

PRIMARY PROPERTY ADDRESS	TAX INFORMATION	
NO ASSIGNED ADDRESS	PARCEL #: 316424	PHOTO NOT AVAILABLE
PROPERTY INFORMATION	PIN #: 3569-91-8028	
CITY LIMITS:	CURRENT OWNERS: HOUSE BUYERS LLC	SKETCH NOT AVAILABLE
ETJ: NOT IN ETJ	MAILING ADDRESS: 107 SUNSET DR, MOUNT HOLLY, NC 28120-	
POLICE DISTRICT: GASTON COUNTY	NBHD #: 28014	GASTON COUNTY GIS
FIRE DISTRICT: ALEXIS	NBHD NAME: SUMMEROW ROAD	
SPECIAL FLOOD HAZARD AREA:	TOWNSHIP: DALLAS TOWNSHIP	
LOCAL WATERSHED: HOYLES CREEK	LEGAL DESC: SUMMEROW RD LOT 4 PLAT	
CENSUS TRACT: 335.01	BOOK 109 PAGE 061	
TAX VALUES	DEED BOOK: PAGE:	
MARKET LAND VALUE: \$0	DEED RECORDING DATE: 1/1/1970	
MARKET IMPR. VALUE: \$0	SALES AMOUNT: \$0	
MARKET VALUE: \$0	PLAT BOOK: 109 PAGE: 061	
FARM DISCOUNT: NO	STRUCTURE TYPE:	
EXEMPT: NO	YEAR BUILT: 0	
TAXABLE VALUE: PENDING	SQUARE FOOTAGE: 0	
	VACANT: VACANT	
	BASEMENT: NO	
	BED: 0 BATH: 0 HALF-BATH:	
	MULTI-STRUCTURES: NO	
	ACREAGE: 0.69	
	TAX CODE: 280	
	TAX DISTRICT: ALEXIS FD	
	VOLUNTARY AG DISTRICT: NO	
	PROPERTY USE: OTHER	



Disclaimer: The information provided above is not intended to be considered as a legal document or description. The GIS data provided by Gaston County is made without warranty. Primary sources from which this data was compiled must be consulted for verification of information contained within.

Document created for printing on October 17, 2025

Gaston County Health Department

Environmental Health Services Division

991 W. Hudson Blvd.

Gastonia, NC 28052

(704) 853-5200

Payment Summary

Cash:	Credit:	Authorization #:
Check: \$350.00	Check #: 1377	Check Date: 10/17/2025
Other:	Type:	Master Trans #: 428324
Received from:		
Comments:		

Date	Type of Service	Location of Service
10/17/2025	Authorization for Construction	
Line Item#		
236213		Summerow Rd House 3
Amount Paid		Stanley NC, 28164
\$350.00		

**THIS IS YOUR RECEIPT
THANK YOU!**

* he emailed final plot plan to
Sal
* will apply for well permit
later.