

Zoning Map Change REZ-25-07-11-00232, House Buyers, LLC/Jayne Infanzon (Applicant), Property
Parcels. 316422, 316423, 316424, Located at Summerow Rd., Stanley, NC, Rezone from the (R-1) Single
Family Limited Zoning District to the (R-2) Single Family Moderate Zoning District
Page 2

WHEREAS, the Unified Development Ordinance allows the Planning and Zoning Board and the Board
of Commissioners to do one of the following

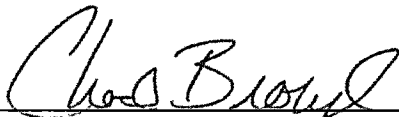
- a. Grant the rezoning as requested.
- b. Grant the rezoning with a reduction of the area requested
- c. Grant the rezoning to a more restrictive general zoning district or districts.
- d. Grant the rezoning with a combination of Subsections (b) and (c) above.
- e. Deny the rezoning

NOW, THEREFORE, BE IT ORDAINED by the Gaston County Board of Commissioners upon consideration
of the map change application, public hearing comment, and recommendation from the
Planning and Zoning Board and Planning staff, finds.

- 1) The map change request is consistent with the County's approved Comprehensive
Land Use Plan as it will keep the parcel residential in nature as envisioned by the rural
community future land use designation. Rural community areas are in the largely rural
areas where there is a number of residential buildings on smaller lots, built closer to
the roadway

The Commission considers this action to be reasonable and in the public interest,
based on Planning and Zoning Board recommendation and compatibility with existing
land uses in the immediate area. Therefore, the map change request for property
parcels: 316422, 316423, 316424, is hereby approved, effective with the passage of
this Ordinance to be rezoned to the (R-2) Single Family Moderate Zoning District.

- 2) The County Manager is authorized to make necessary notifications in this matter to
appropriate parties.



Chad Brown, Chairman
Gaston County Board of Commissioners

ATTEST


Donna S. Buff, Clerk to the Board

GASTON COUNTY REZONING APPLICATION (REZ-25-07-11-00232)

STAFF REPORT

APPLICATION SUMMARY	
Request:	
To rezone the property from the (R-1) Single Family Limited Zoning District to the (R-2) Single Family Moderate Zoning District.	
Applicant(s)	Property Owner(s)
House Buyers, LLC & Jayme Infanzon	House Buyers, LLC
Parcel Identification (PID)	Property Location
316422, 316423, 316424	Summerow Rd. Stanley, NC
Total Property Acreage:	Acreage for Map Change:
68, 69, 69 = 2.08 acres	68, 69, 69 = 2.08 acres
Current Zoning:	Proposed Zoning:
R-1	R-2
Existing Land Use:	Proposed Land Use:
Residential/Vacant	Residential

COMPREHENSIVE LAND USE PLAN
Area 3. Northeast Riverfront Gaston
Key issues for citizens in this area include preservation of open space, road improvements and better connectivity to other areas of the County and throughout the region, increased job opportunities, maintaining the rural “feel” of the area, increased commercial opportunities.
Comprehensive Plan future Land Use:
Rural Community – Rural communities are areas in the largely Rural areas where there is a number of residential buildings on smaller lots, built closer to the roadway. These areas have a neighborhood look and feel. The lots were relinquished from Stanley’s ETJ and does not have a formal small use plan designation. Staff is comfortable using the rural community designation as it is consistent with surrounding properties.
Staff Recommendation.
Application, as presented, is consistent with the Comprehensive Land Use Plan.

UTILITIES AND ROAD NETWORK INFRASTRUCTURE
Water/Sewer Provider
Private well / private septic
Road Maintenance:
North Carolina Department of Transportation

Technical Review Committee (TRC) comments provided by Gaston Lincoln Cleveland Metropolitan Planning Organization (MPO)

The Gaston County TRC reviewed this request on Monday, December, 29th, and the following departments had no comments at this time

- Building Inspections
- Emergency Services

The Environmental Health Department provided the septic permits. The applicant will apply for well permits later in the building process.

The GLCMPO comment letter is included. It states that according to NCDOT's 2026-2035 State Transportation Improvement Program (STIP), there are no funded transportation improvement projects in the immediate vicinity of this site.

STAFF SUMMARY

Prepared By: Jaime Lisi, Planner I

This property is in a residential area in the northeast region of the county. The location is primarily residential in nature with different types and styles included. These vacant lots were subdivided by approved subdivision plat in 2025.

If approved, any uses allowed in the (R-2) Single Family Moderate Zoning District would be permitted in accordance with standards and regulations as adopted in the Gaston County Unified Development Ordinance (UDO).

PLANNING BOARD MEETING DATE

The Planning and Zoning Board met on January 5th, 2026, and recommended approval of the request by a unanimous 7 to 0 vote based on

- This is a reasonable request and in the public interest; and
- It is consistent with the goals of the comprehensive land use plan as it will keep the parcel residential in nature as envisioned by the rural community future land use designation. Rural community areas are in the largely rural areas where there is a number of residential buildings on smaller lots, built closer to the roadway.



GASTON COUNTY PLANNING & ZONING BOARD

Statement of Consistency

In considering the general rezoning case REZ-25-07-11-00232, the Planning & Zoning board finds.

1. This is a reasonable request and in the public interest, and
- 2 It is consistent with the goals of the comprehensive land use plan as it will keep the parcel residential in nature as envisioned by the rural community future land use designation Rural community areas are in the largely rural areas where there is a number of residential buildings on smaller lots, built closer to the roadway

These findings are supported by a _7_ - _0_ vote by the Gaston County Planning & Zoning Board during its January 5, 2026, meeting.



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: _____
(Area Code)

Telephone: _____
(Area Code)

Parcel: _____
(If Applicable)

Parcel: _____
(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 Jayme Infanzon of Applicant) consent to execute this proposed action

Jayme Infanzon
(Signature)

7/11/25
(Date)

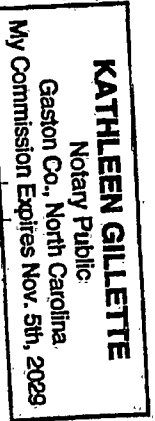
(Signature)

(Date)

I, Kathleen Gillette, a Notary Public of the County of Gaston State of North Carolina, hereby certify that Jayme 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



(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: 454804

CONSTRUCTION AUTHORIZATION

PID/Lot Identifier: 316422
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* TT-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 Bedrooms None
* 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: 11/6/25

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH

See attached site sketch

SITE SKETCH

PID 316422

Permit Number 342196

File ID 454864

Hooze bovers LLC

Applicant's Name [Signature]

Authoriz. [Signature]

Summerow Rd

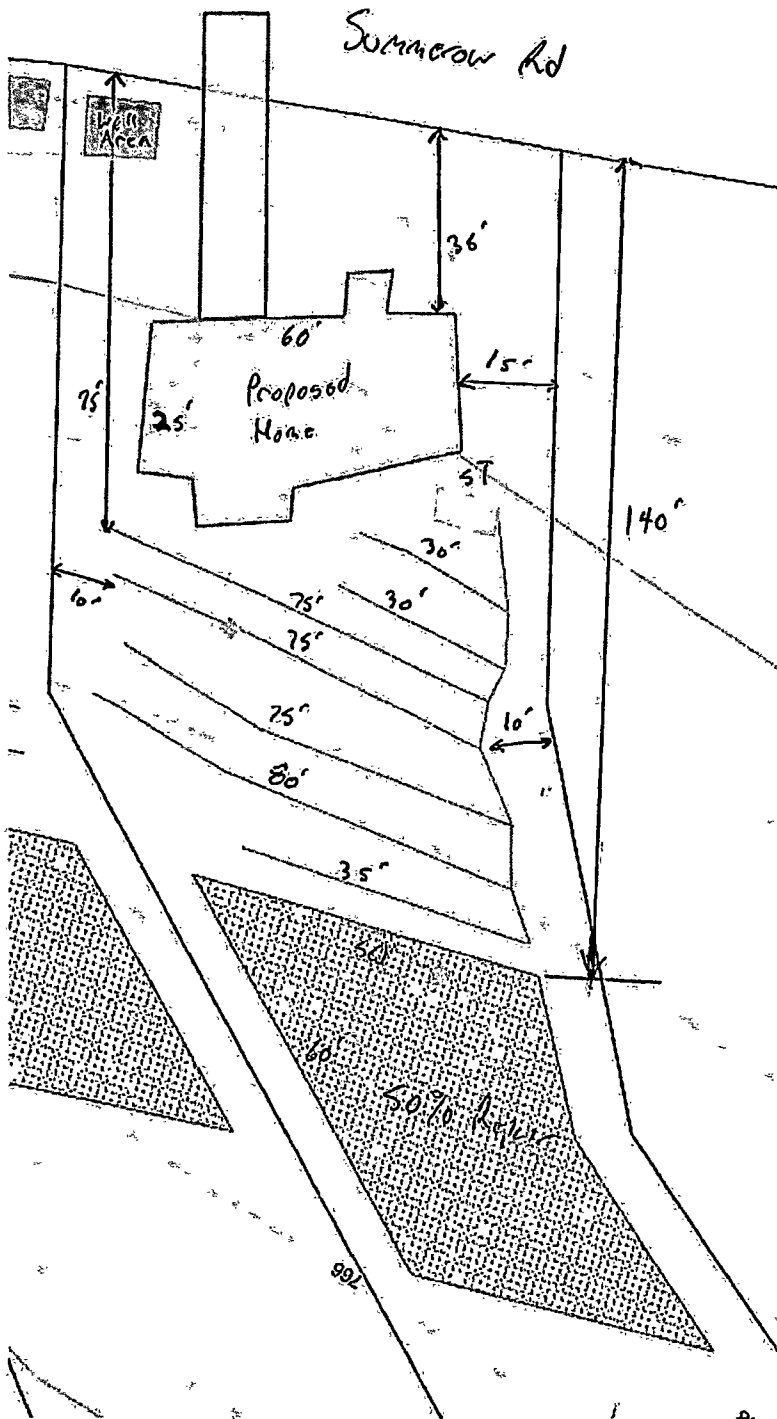
Subdivision/Section/Lot Number/Address 11/1/25

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.

** 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: JaymeInfanzon@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: 163742
Owner: Charles Grant Applicant: F.B. Hammons, esq.
Property Location: Summerfield Rd. Stanley 28164
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:

X 3 Bedrooms Home
X See Attachment

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 167742

Permit Number 342196

File ID 454804

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.

** See Attachment **



SITE SKETCH

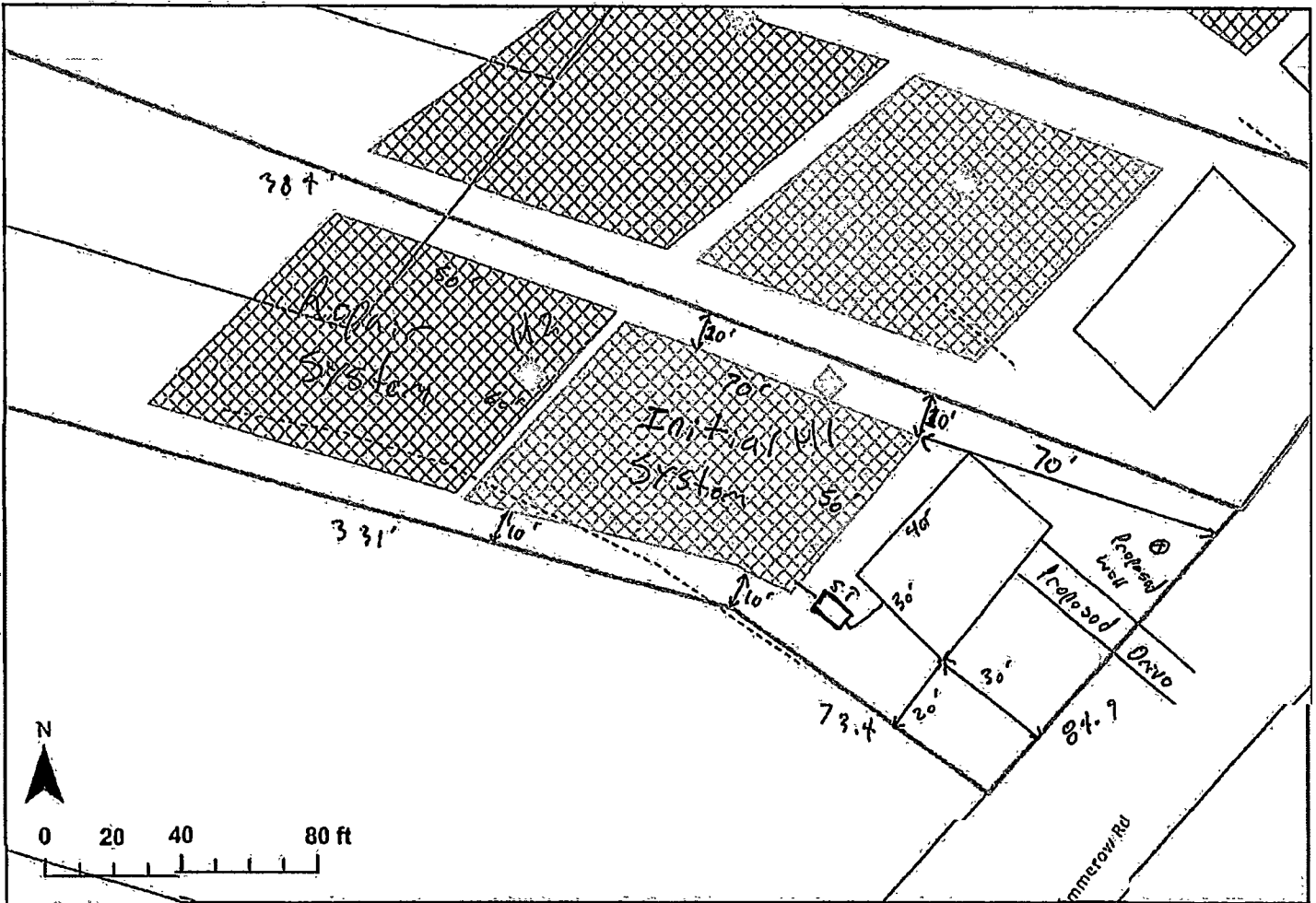
Date: 7/3/2025

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>SKETCH NOT AVAILABLE</p>  <p>GASTON COUNTY GIS</p>
NO ASSIGNED ADDRESS		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	
PROPERTY INFORMATION 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 TAX VALUES MARKET LAND VALUE: \$0 MARKET IMPR. VALUE: \$0 MARKET VALUE: \$0 FARM DISCOUNT: NO EXEMPT NO: TAXABLE VALUE: PENDING			



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

10/17/2025

Type of Service

Authorization for Construction

Location of Service

Summerow Rd House 1
Stanley NC 28164

Line Item#

236217

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: .69 Well Permit #: _____
Property Location: Summerdown 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* IIIe (Initial) IIIe (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 Nava 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

Houso buyers LLC.

Applicant's Name

Sommerow Rd

Subdivision/Section/Lot Number/Address

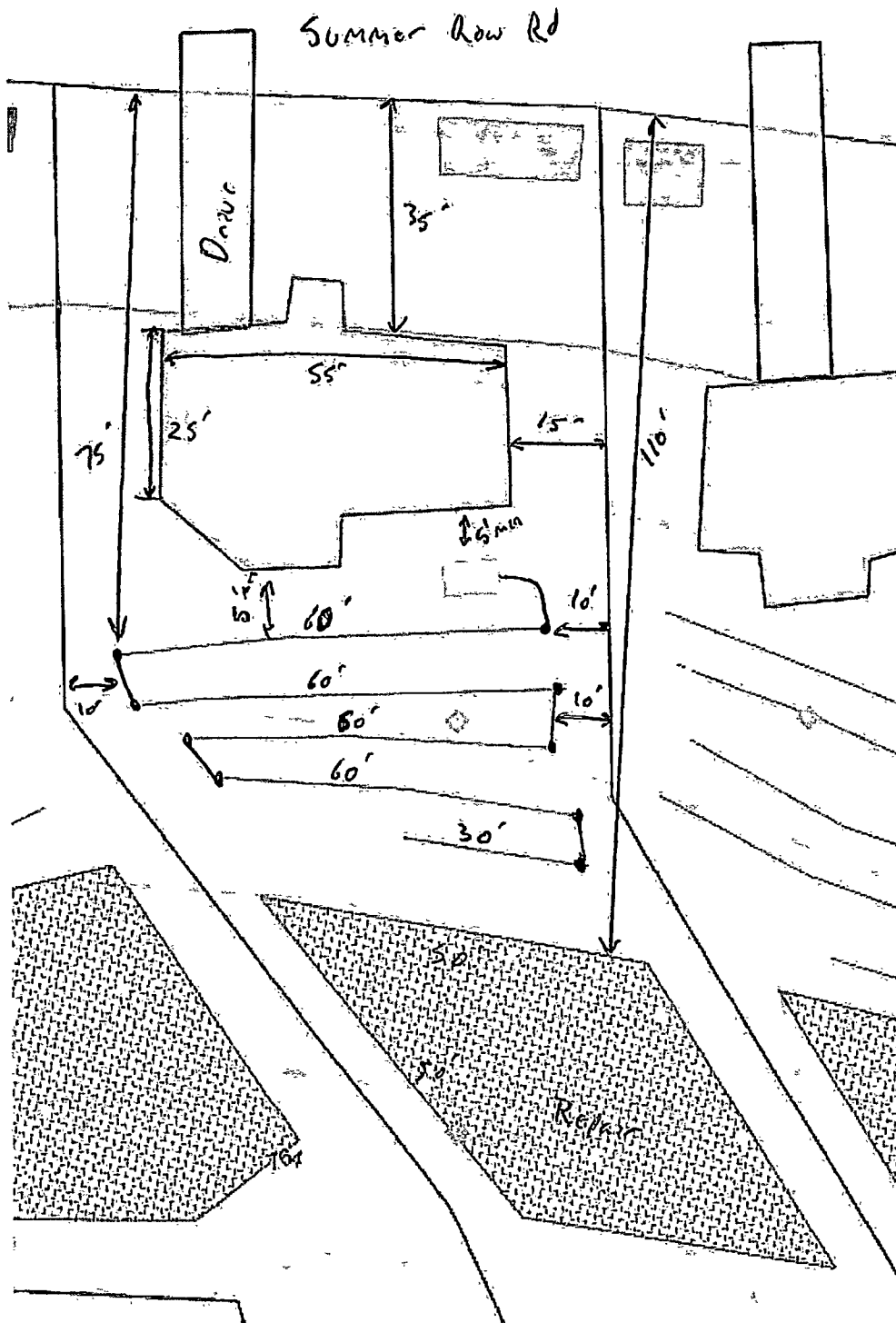
~~SK~~
Authorized State Agent

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.

** See Attachment **

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH



- * 4 Bedroom System.
- * 1000 gallon tank.
- * Place on contour.
- * T&J Eninol.
- * 50% system.
- * Feed system
end to end as
shown.
- * Site meeting
before install
- * 267' of system



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.T.Panzer@yahoo.com

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

PID/Lot Identifier 31647.3

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: 1127742
Owner: Charles Grant Applicant: J & R Homebuyers
Property Location: Summerwood Rd. Stanley 28104
Subdivision (if applicable): _____ Lot #: House 4 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*: IT6 (Initial) Pump Required: ☐ Yes ☒ No ☐ May be required
Proposed Wastewater System Type*: IT6 (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: 7/3/20
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 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

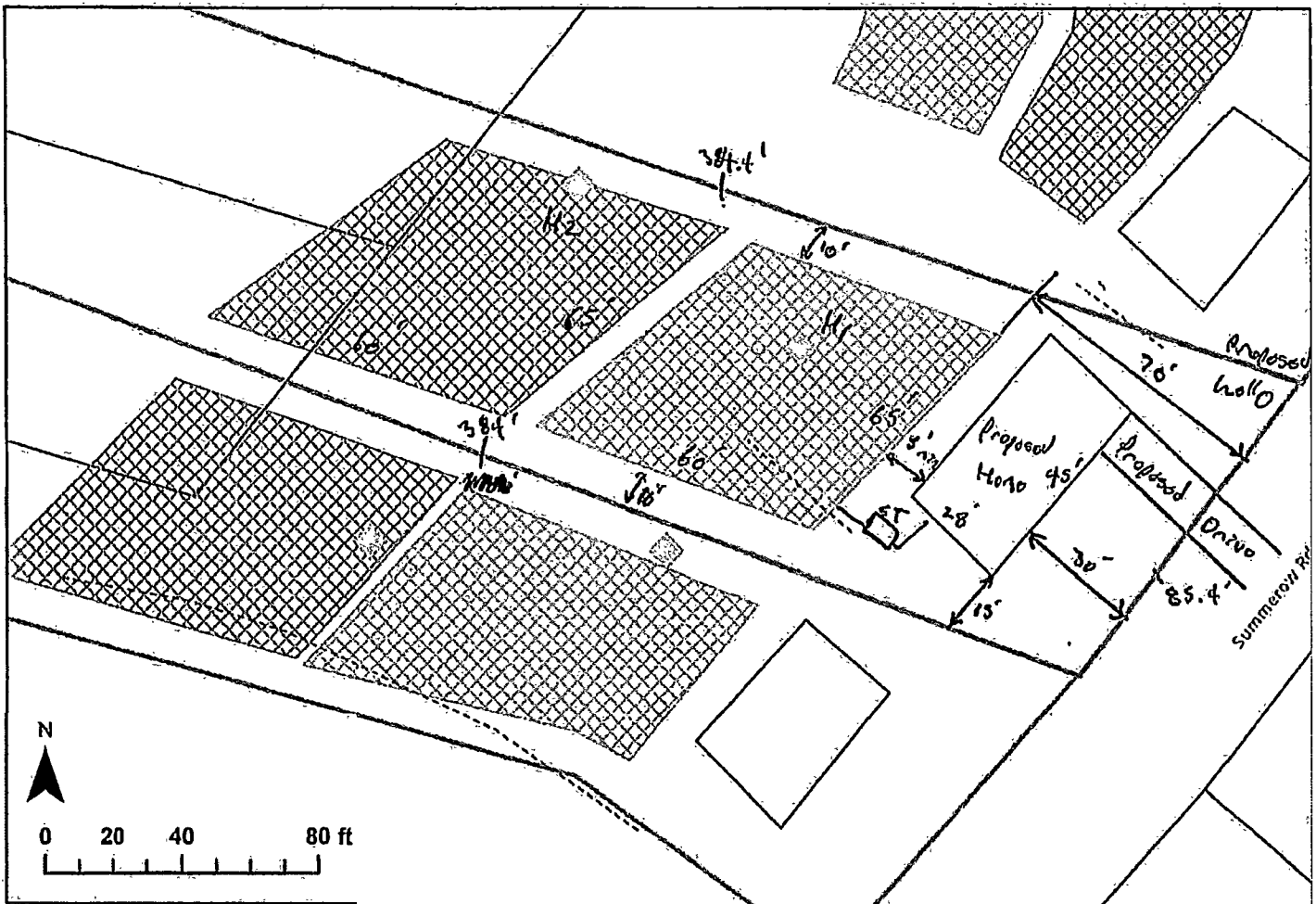
Date: 7/8/25

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 Bedrooms Home.

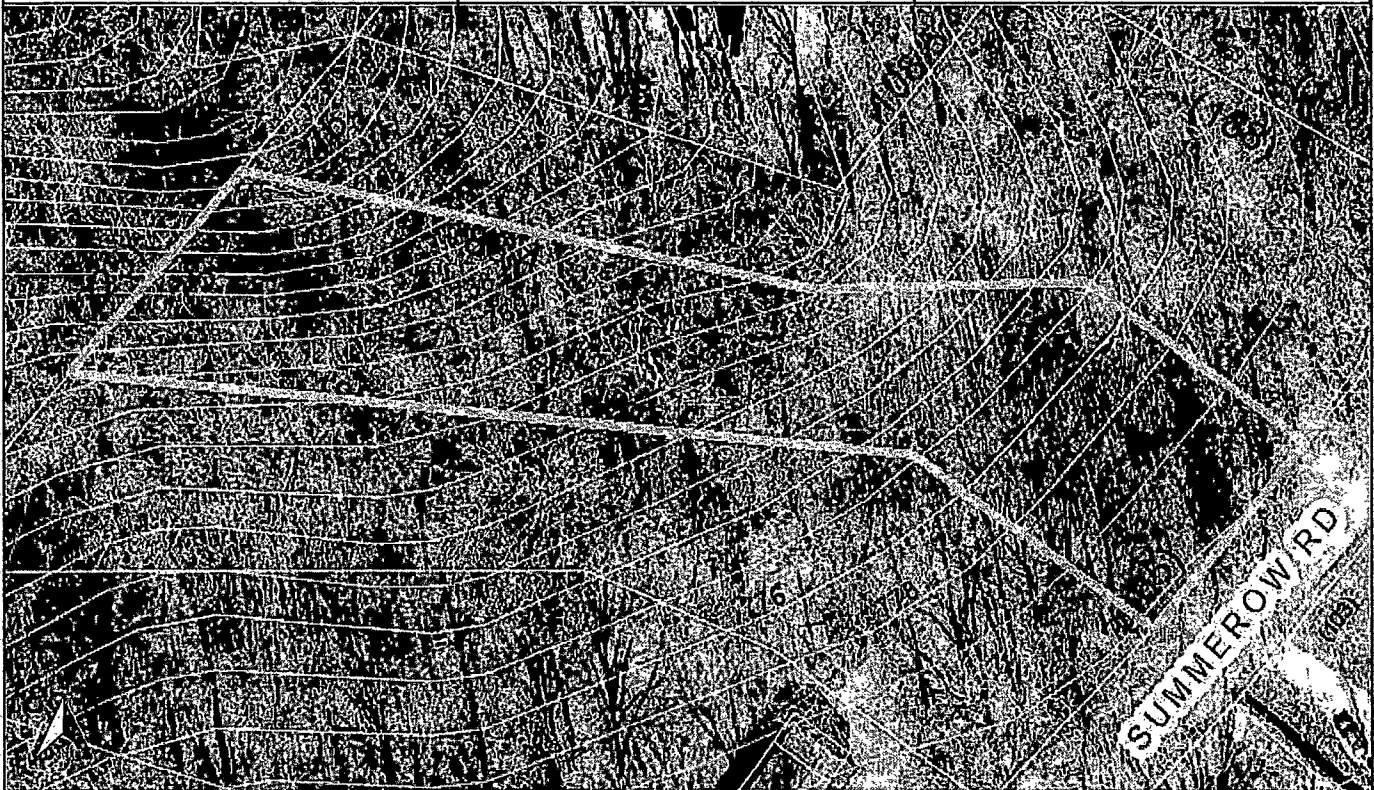
Setbacks:

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	<p style="text-align: center;">PHOTO NOT AVAILABLE</p>
<p style="text-align: center;">NO ASSIGNED ADDRESS</p> <p style="text-align: center;">PROPERTY INFORMATION</p>	<p>PARCEL #: 316423 PIN #: 3569-91-7032 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 3 FLAT 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: 0.69 TAX CODE: 280 TAX DISTRICT: ALEXIS FD VOLUNTARY AG DISTRICT: NO PROPERTY USE: OTHER</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 style="text-align: center;">TAX VALUES</p>	<p>MARKET LAND VALUE: \$0 MARKET IMPR. VALUE: \$0 MARKET VALUE: \$0 FARM DISCOUNT: NO EXEMPT: NO TAXABLE VALUE: PENDING</p>	<p style="text-align: center;">SKETCH NOT AVAILABLE</p>
		 <p style="text-align: center;">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 #: 428330
Received from:		
Comments:		

Date	Type of Service	Location of Service
10/17/2025	Authorization for Construction	
Line Item#		
236216		Summerow Rd House 2
Amount Paid		Stanley, NC, 28164
\$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: 4541006

CONSTRUCTION AUTHORIZATION

PID/Lot Identifier: 316424
Owner: House Buyers LLC Applicant: Same
Facility Type: Single family home Property Size: .69 Well Permit #: _____
Property Location: Summers 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

Sumner Rd
Subdivision/Section/Lot Number/Address

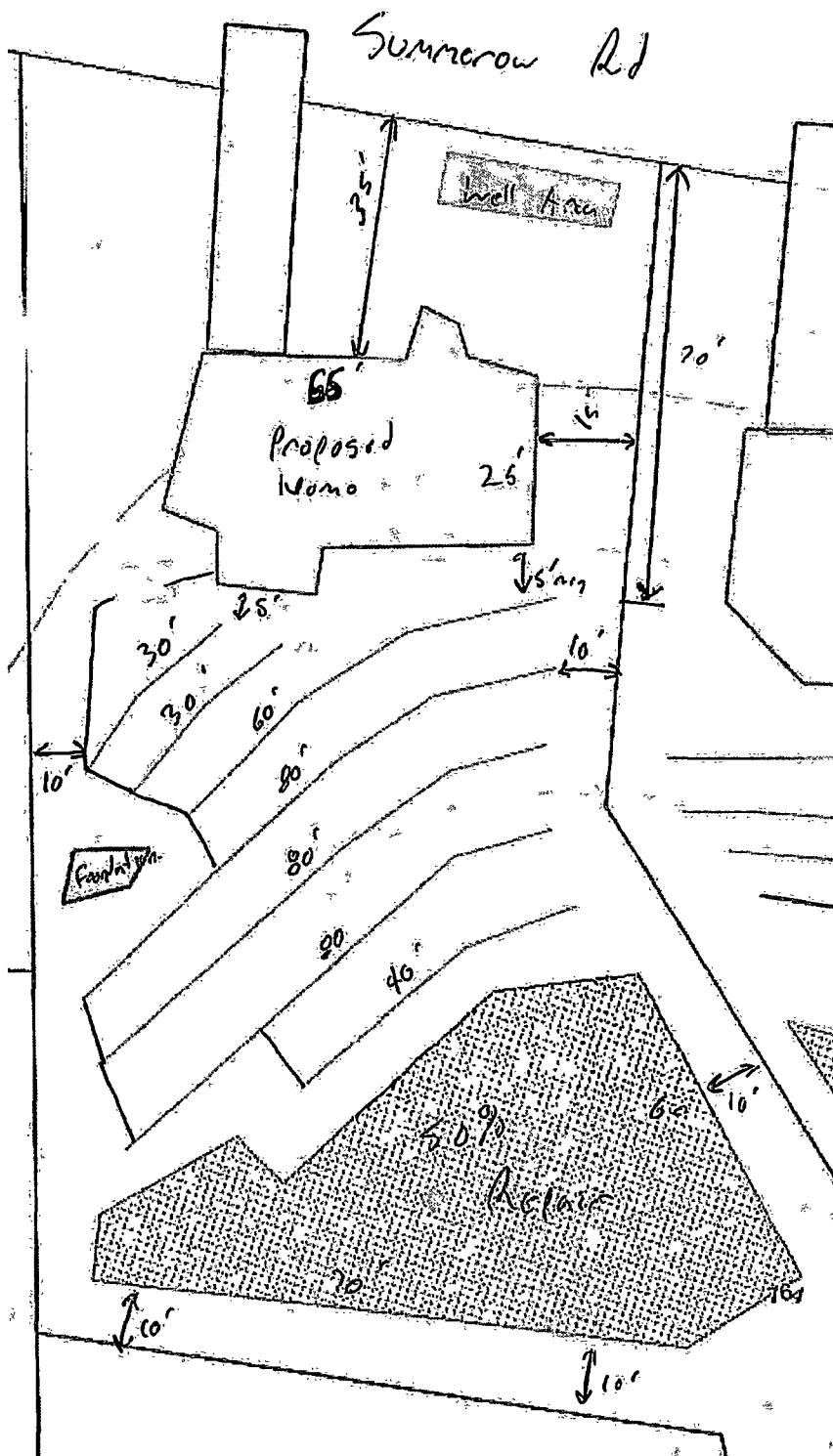
[Signature]
Authorized State Agent

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 RESOURCES
ENVIRONMENTAL HEALTH



- * 4 Bedroom system
- * 400 LPT at 36" Deep
- * 1000 gallon st.
- * Call for Preconstruction Meeting. 980-522-0771.
- * Install on contour



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: TaymoInform@aol.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) _____

ate

Applicant's signature (required) _____

Date

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

10/17/25

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

Permit Number: 342191
File ID: 4591826

IMPROVEMENT PERMIT

PID/Lot Identifier: 1167742
Owner: Charles Grant Applicant: J + B Homebuyers
Property Location: Summerrow Dr Stanley NC
Subdivision (if applicable): _____ Lot #: House 3 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 Nolasco Expiration Date: 7/8/2030
Authorized Agent's Signature: [Signature] Date: 7/8/2025

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.

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH

SITE SKETCH

PID 1157742

Permit Number 342191

File ID 4548dc

J 4 B Homebuyers
Applicant's Name

Subdivision/Section/Lot Number

7/8/2025

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.

*A See Attachment **



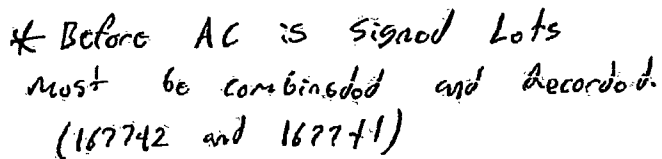
Date: 7/8/25

PID: 167742

Permit Number: 342191

REHS: Salvador Nava Jr

Address: Summerow RD lot 3



* Lot must be surveyed and staked.

* Home must be stated.

k3 Bedroom system.

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 #: 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,	
POLICE DISTRICT: GASTON COUNTY		MOUNT HOLLY, NC 28120-	GASTON COUNTY GIS
FIRE DISTRICT: ALEXIS		NBHD #: 28014	
SPECIAL FLOOD HAZARD AREA:		NBHD NAME: SUMMEROW ROAD	
LOCAL WATERSHED: HOYLES CREEK		TOWNSHIP: DALLAS TOWNSHIP	
CENSUS TRACT: 335.01		LEGAL DESC: SUMMEROW RD LOT 4 PLAT	
TAX VALUES		BOOK 109 PAGE 061	
MARKET LAND VALUE: \$0		DEED BOOK: PAGE:	
MARKET IMPR. VALUE: \$0		DEED RECORDING DATE: 1/1/1970	
MARKET VALUE: \$0		SALES AMOUNT: \$0	
FARM DISCOUNT: NO		PLAT BOOK: 109 PAGE: 061	
EXEMPT NO		STRUCTURE TYPE:	
TAXABLE VALUE: PENDING		YEAR BUILT: 0	
		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
10/17/2025
Line Item#
236213
Amount Paid
\$350.00

Type of Service
Authorization for Construction

Location of Service
Summerow Rd House 3 Stanley, NC, 28164

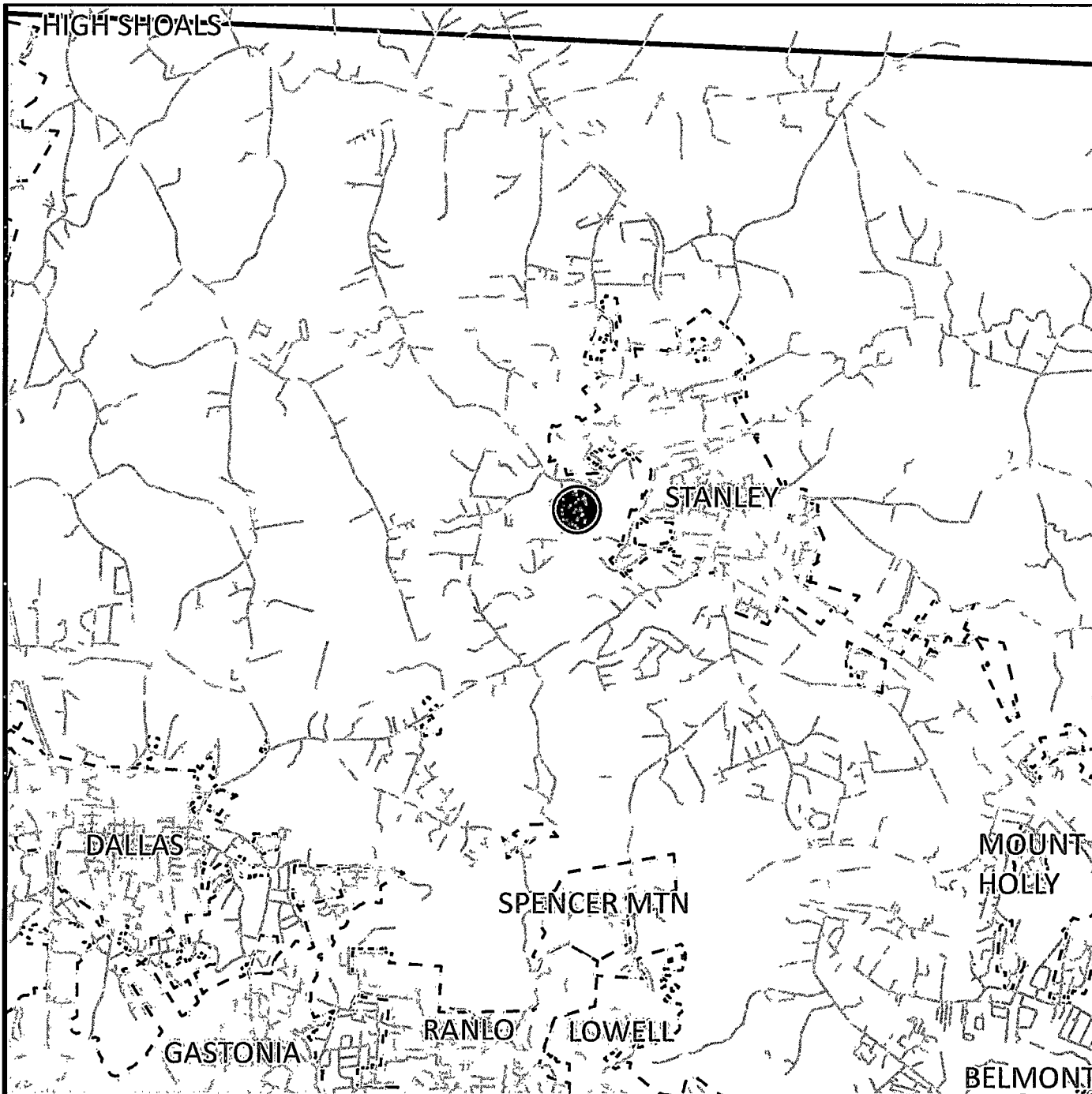
**THIS IS YOUR RECEIPT
THANK YOU!**

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

Uses Allowed in the (R-2) Zoning District

X = Permitted use by right; CD = Conditional Zoning required; E = Existing use subject to limitations; SP = Special Use Permit required; s = Supplemental regulations listed in addition to X, CD, E, SP

Animal Grooming Service for household pet (indoor kennels)	SP	Dwelling, Manufactured Home Class A	X	Manufactured Home Park	Es	Restaurant, within other facilities	Xs
Animal Hospital (Outdoor kennel)	SPs	Dwelling, Manufactured Home Class C	Es	Marina, Accessory	Xs	Riding Stables	SPs
Animal Hospital, (Indoor kennel)	SPs	Dwelling, Manufactured Home Class D	Es	Marina, Commercial	SP	Rodeo / Accessory Rodeo	SPs
Animal Kennel	SPs	Dwelling, Single Family	X	Maternity Home	Xs/SPs	School for the Arts	SP
Automobile Hobbyist	Xs	Dwelling, Two Family	Xs	Military Reserve Center	SPs	School, Elementary & Middle (public & private)	Xs
Bed and Breakfast Inn	SPs	Essential Services Class 1	X	Museum	SP	School, Senior High (public & private)	Xs
Bona Fide Farms	Xs	Essential Services Class 2	Xs	Nursery (Garden)	SPs	Small House Community	SP
Botanical Garden	Xs	Essential Services Class 3	SP	Nursing Home, Rest Home	SPs	Special Events Facility	SPs
Camping and Recreational Vehicle Park	SPs	Essential Services Class 4	Xs/SPs	Paint Ball / Laser Tag Facility	SPs	Special Events Facility Accessory	SPs
Cemetery	SPs	Family Care Home	Xs/SPs	Park	Xs/SPs	Stadium	Xs/SPs
Church / Place of Worship	Xs	Flex Space	Xs	Parking Lot	SPs	Taxidermy	X
College / University	SP	Fraternal & Service Organization Meeting Facility (non- or not-for profit), 0 - 9,999sqft GFA	SPs	Planned Residential Development (PRD)	Xs/CDs	Telecommunication Antennae & Equipment Buildings	Xs
Conference / Retreat / Event Center	SPs	Fraternal & Service Organization Meeting Facility (non- or not-for profit), 10,000+sqft GFA	SPs	Planned Unit Development (PUD)	Xs/CDs	Telecommunication Tower & Facilities	SPs
Continuing Care Facility	SPs	Golf Course; Golf Driving Range; Golf Miniature	SPs	Private Residential Quarters (PRQ)	Xs	Tourist Home	X
Country Club	SPs	Group Home	Xs	Produce Stand	Xs	Tower and/or Station, Radio & Television Broadcast	SPs
Day Care Center Class A	Xs	Home Occupation, Customary	Xs	Recreation Center and Sports Center	SPs	Traditional Neighborhood Development (TND)	Xs/CDs
Day Care Center Class B	Xs/SPs	Home Occupation, Rural	Xs	Recycling Deposit Station, accessory	X	Wood Waste Grinding Operation	SPs
Day Care Center Class C	SPs	Library	SP	Recycling Deposit Station, principal use	SPs	Zoo	SP



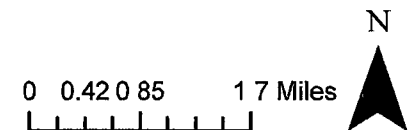
GASTON COUNTY
BUILDING AND DEVELOPMENT SERVICES

VICINITY MAP
REZ-25-07-11-00232

LEGEND

- Roads
- - - Municipalities
- Subject Parcels

The information provided on this map 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 the information contained within. This map may not be resold or otherwise used for trade or commercial purposes without the expressed written consent of Gaston County, in accordance with NCGS





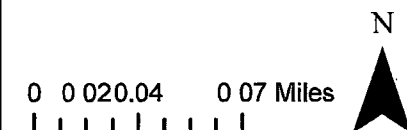
GASTON COUNTY
BUILDING AND DEVELOPMENT SERVICES

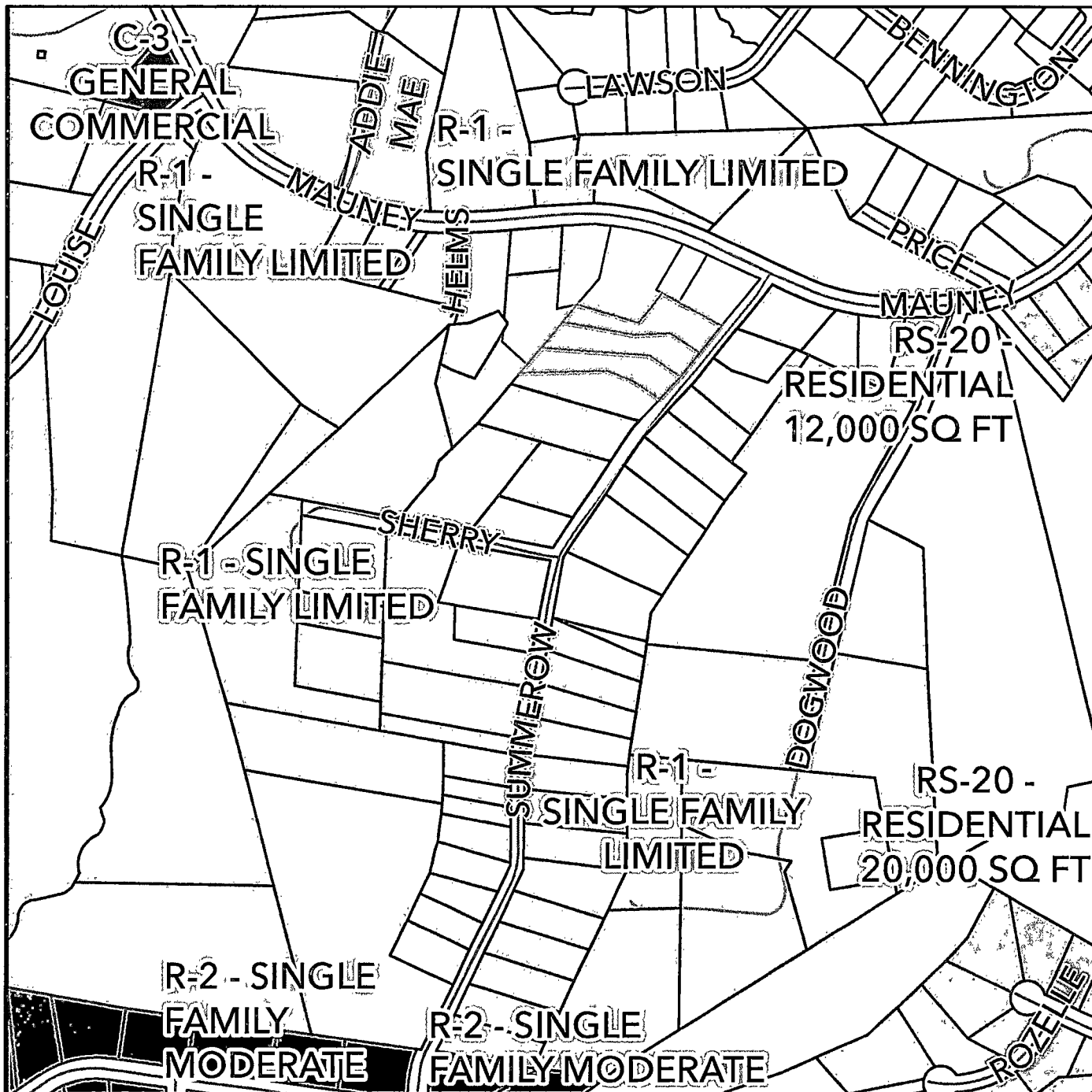
ORTHOPHOTO MAP
REZ-25-07-11-00232

LEGEND

- Roads
- Parcels
- Subject Parcel(s)

The information provided on this map 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 the information contained within. This map may not be resold or otherwise used for trade or commercial purposes without the expressed written consent of Gaston County, in accordance with NCGS.





ZONING MAP REZ-25-07-11-00232

LEGEND

— Roads

□ Parcels

ZONE TYPE

■ C-3

□ R-1

■ R-2

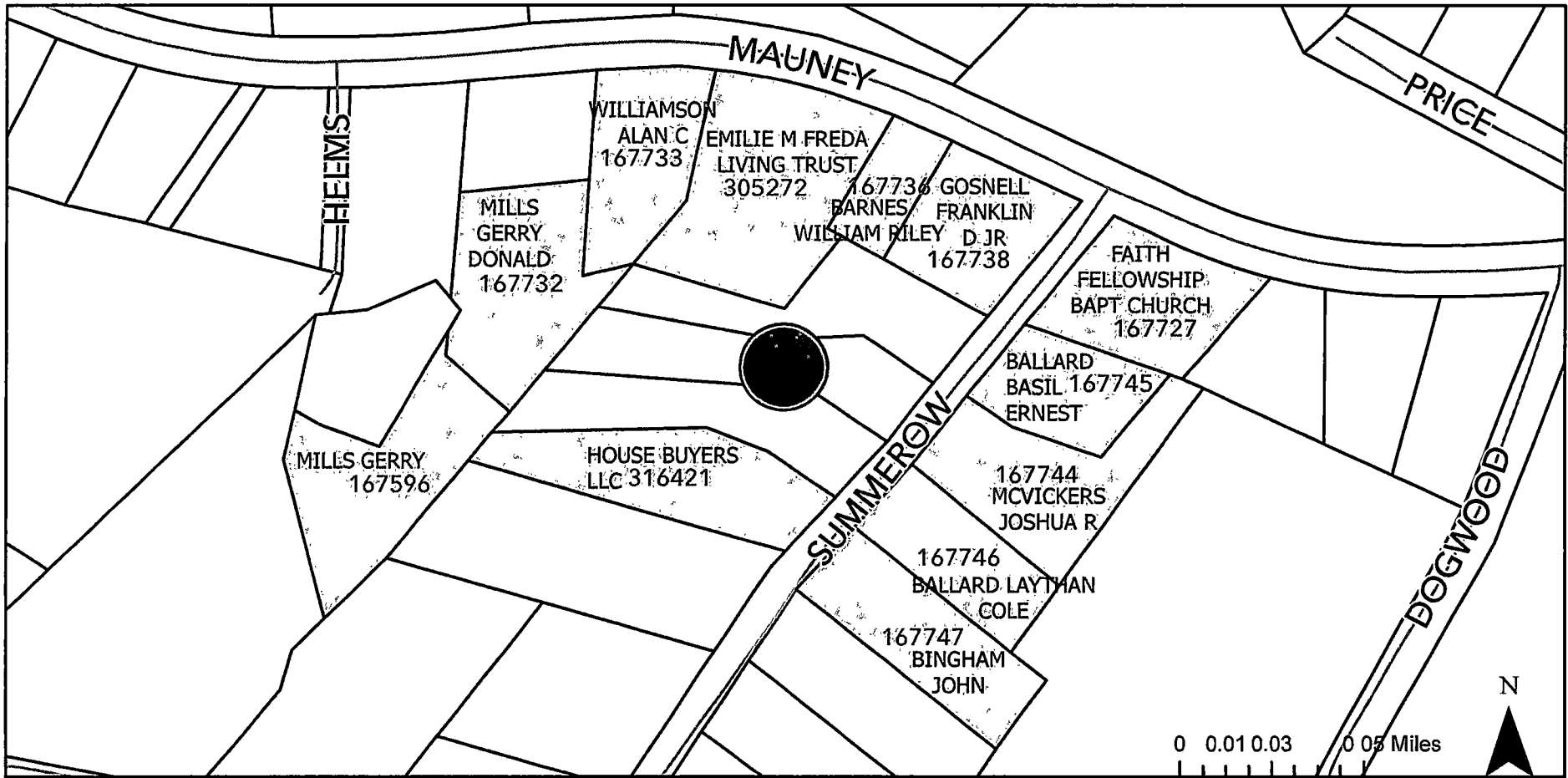
□ RS-20

□ Subject Parcels

The information provided on this map 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 the information contained within. This map may not be resold or otherwise used for trade or commercial purposes without the expressed written consent of Gaston County, in accordance with NCGS.

0 0.030 06 0 11 Miles





SUBJECT & ADJACENT PROPERTIES MAP | REZ-25-07-11-00232

LEGEND



Subject Parcels

The information provided on this map 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 the information contained within. This map may not be resold or otherwise used for trade or commercial purposes without the expressed written consent of Gaston County, in accordance with NCGS 132-10.



Post Office Box 1748
Gastonia, North Carolina 28053
Phone (704) 866-6980

150 South York Street
Gastonia, North Carolina 28052
Fax (704) 869-1960

Memorandum

To: Jaime Lisi, Planner I, Building & Development Services
From: Julio Paredes, Planner, AICP, Senior Planner Gaston—Cleveland—Lincoln MPO
Date: January 6th, 2026
Subject: REZ-232 Summerow Rd

Thank you for the opportunity to provide transportation comments on a rezoning request within the Gaston-Cleveland-Lincoln Metropolitan Planning Organization (GCLMPO) planning area. My comments are based on review of the location in accordance with the adopted Comprehensive Transportation Plan (CTP), the adopted 2050 Metropolitan Transportation Plan (MTP), and the current State Transportation Improvement Program (STIP).

The proposed site plan is located at 520 Summerow Rd, Stanley, NC, 28164. On behalf of the GCLMPO, I offer the following comments:

1. According to NCDOT's 2026-2035 State Transportation Improvement Program (STIP), there are no funded transportation improvement projects in the immediate vicinity of this site.
2. The CTP does not include specific transportation projects or improvement schedules, but instead represents the status or completeness of the comprehensive transportation system that may be required to support anticipated growth and development.

By establishing the region's future transportation needs, the CTP offers an organized way to identify, and eventually prioritize, the transportation projects that may be built in the communities within the GCLMPO area.

CTP projects shown as "Needs Improvement" or "Recommended" could become a funded project in the future, part of a development project, or may never become a funded project.

If you have any questions regarding my comments, please do not hesitate to contact me at 704-866-6980 or julio.paredes@gastonianc.gov



Gaston County

Gaston County
Board of Commissioners
www.gastongov.com

Building and Development Services Board Action

File # 25-625

Commissioner Cloninger - Building & Development Services - Zoning Map Change: REZ-25-07-11-00232, House Buyers, LLC/Jayne Infanzon (Applicant); Property Parcels: 316422, 316423, 316424, Located at Summerow Rd, Stanley, NC, Rezone from the (R-1) Single Family Limited Zoning District to the (R-2) Single Family Moderate Zoning District

STAFF CONTACT

Jaime Lisi - Planner I - 704-898-1342

BACKGROUND

Chapter 5 of the Unified Development Ordinance requires a public hearing by the Commission, with recommendation by the Planning and Zoning Board prior to consideration for final action by the Commission. House Buyers, LLC/Jayne Infanzon (Applicant), Property Parcels: 316422, 316423, 316424, Located at Summerow Rd., Stanley, NC, Rezone from the (R-1) Single Family Limited Zoning District to the (R-2) Single Family Moderate Zoning District. A public hearing was advertised and held on January 27, 2026, with public hearing comments being on file in the Board of Commission Clerk's Office. Planning and Zoning Board recommendation was provided on January 5, 2026, and the Commission is requested to consider the public hearing comment, Planning and Zoning Board recommendation and other pertinent information, then (approve), (disapprove) or (modify) the map change.

ATTACHMENTS

Ordinance, Staff Report, Application Packet, Maps, and GCLMPO Comments

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows

NO.	DATE	M1	M2	JBailey	CBrown	CCloninger	AFraley	BHovis	TKeigher	SShehan	Vote
2026-001	01/27/2026	TK	JB	A	A	A	A	A	A	A	U

DISTRIBUTION

Laserfiche Users

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS