TITLE **ZONING MAP CHANGE REZ-25-07-11-00232, HOUSE BUYERS, LLC/JAYME 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**

WHEREAS, a County Zoning Ordinance was adopted on April 24, 2008, and a public hearing was held on January 27, 2026, by the County Commission, to take citizen comments into a map change application, as follows.

Tax Parcel Number(s)	316422, 316423, 316424
Applicant(s)	House Buyers, LLC/Jayme Infanzon
Owner(s)	House Buyers, LLC
Property Location.	Summerow Rd , Stanley
Request:	Rezone from the (R-1) Single Family Limited Zoning District to the (R-2) Single Family Moderate Zoning District

public hearing comments are on file in the Commission Clerk's Office as a part of the minutes of the meeting; and,

WHEREAS, the Planning and Zoning Board recommended approval of the map change request for parcels 316422, 316423, 316424, located at Summerow Rd., Stanley, NC, to be rezoned from the (R-1) Single Family Limited Zoning District to the (R-2) Single Family Moderate Zoning District on January 5, 2026, based on staff recommendation, and the request is reasonable and in the public interest and 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

Motion: Brooks Second Franks Vote: Unanimous
Aye. Brooks, Franks, Harvey, Love, Magee, Shires, Williams
Nay: None
Absent: Ballard, Crane, Horne, Hurst, Wray
Abstain None

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

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
BUILDING AND DEVELOPMENT SERVICES

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. PO 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 be 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 Home

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: _____ (If Applicable) Parcel: _____ (If Applicable)

(Signature) (Signature)

See Reverse Side For Completion of Additional Sections

E. AUTHORIZATION AND CONSENT SECTION

(I/We), being the property owner(s) or heir(s) of the subject property referenced on the **Gaston County Rezoning Application** and having authorization/interest of property parcel(s) 520 Summerow Rd Stanley NC hereby give Jayme Infanzon (of Applicant) consent to execute this proposed action

Jayme (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

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: _____ (Initials) Date of Payment: _____ Receipt Number: _____

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

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

Planning Board Review: _____ Recommendation: _____ Date: _____

Commissioner's Decision: _____ Date: _____

[illegible]

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 28164 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* II.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: 36 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 tank.

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 Nieves 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

House buyers LLC
Applicant's Name

Summerow Rd
Subdivision/Section/Lot Number/Address

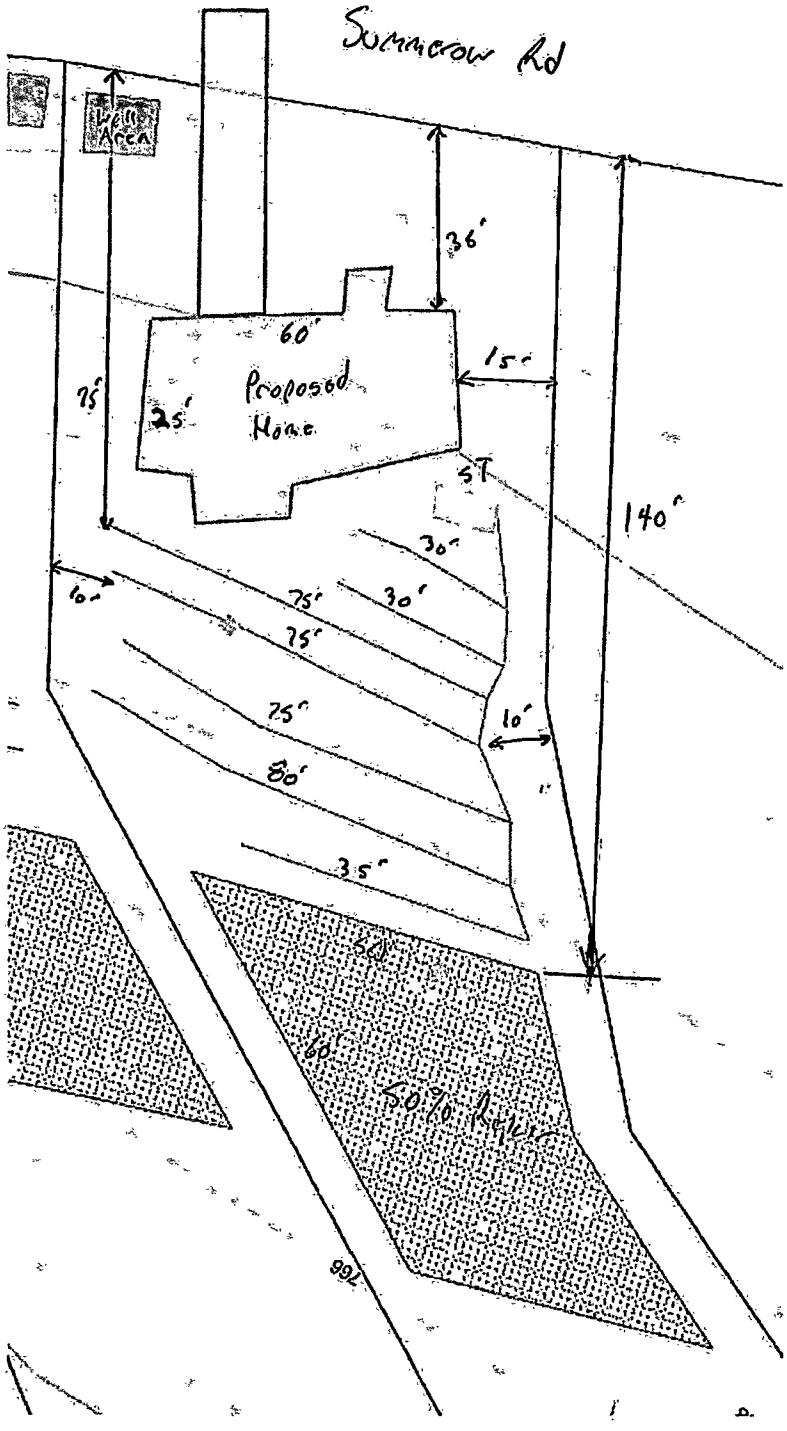
Authorized Agent

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 #: 7043638527
Email JaymeInfanzon@yahoo.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.

☐ Yes	☑ No	Does the site contain any jurisdictional wetlands?
☐ Yes	☑ No	Is any wastewater going to be generated on the site other than domestic sewage?
☐ Yes	☑ No	Is the site subject to approval by any other public agency?
☐ Yes	☑ 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)***

10/17/25

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 342196
File ID 4354604

IMPROVEMENT PERMIT

PID/Lot Identifier: 167742
Owner: Charles Grant Applicant: JTB Homebuyers
Property Location: Summerwind Rd. Stanley 28164
Subdivision (if applicable) _____ Lot #: Houses 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 b (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required
Proposed Wastewater System Type* II b (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 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 454864

J & B Homebuyers
Applicant's Name

Subdivision/Section/Lot Number

Authorized State Agent

7/3/25
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.

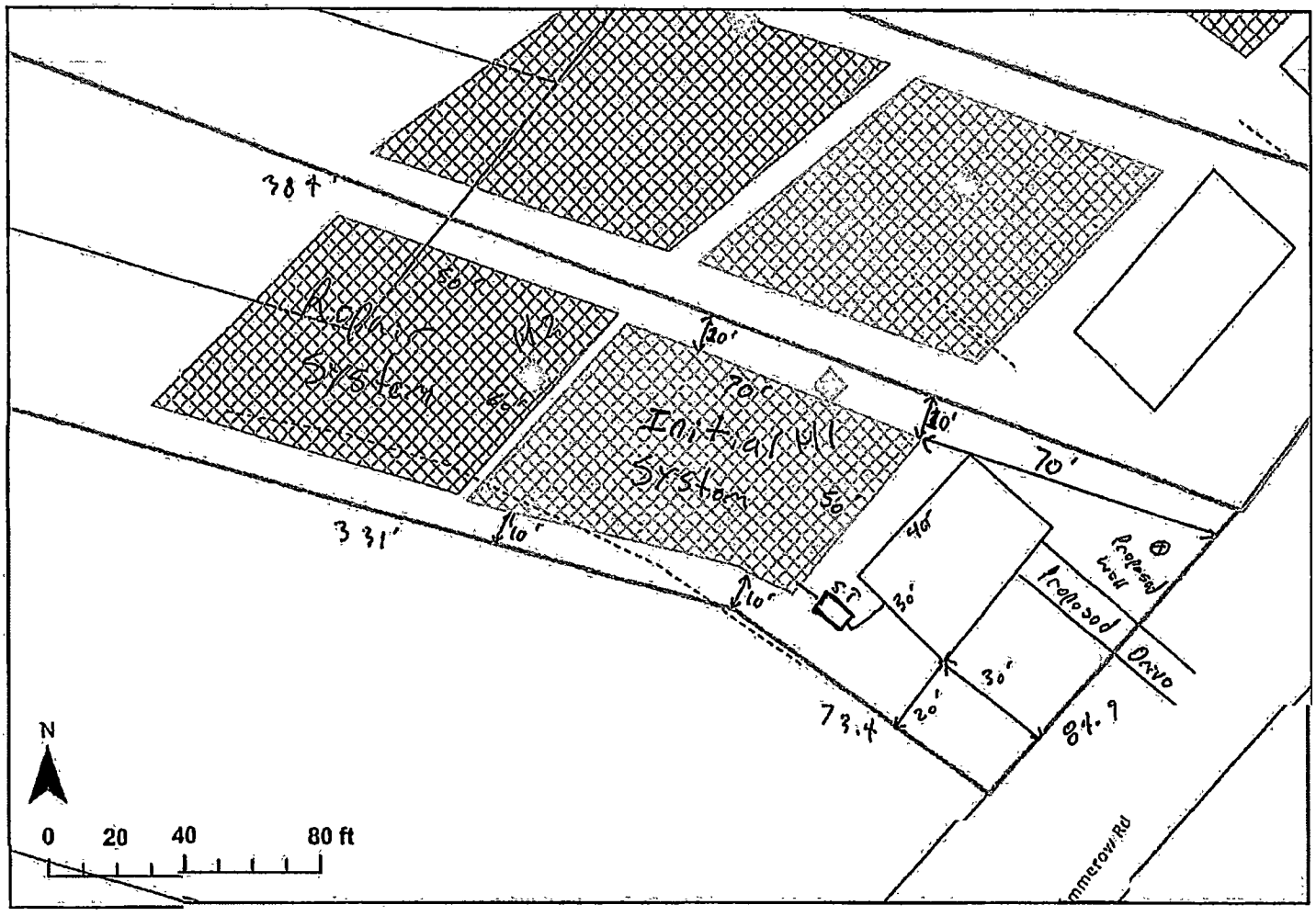
* See Attachment *

GASTON COUNTY PUBLIC HEALTH - ENVIRONMENTAL HEALTH

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 (167242 and 167240)

Setbacks:

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

Specifications:

Follow all NC regs and rules.

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

Last Revised 11/8/24

PRIMARY PROPERTY ADDRESS

NO ASSIGNED ADDRESS

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

TAX INFORMATION

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

PHOTO
NOT AVAILABLE

SKETCH
NOT AVAILABLE

GASTON COUNTY GIS

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	Summerow Rd House 1 Stanley NC, 28164

Line Item# 236217

Amount Paid $350.00

THIS IS YOUR RECEIPT
THANK YOU!

* he emailed Sai the final plot plans
* will do well permit later

Printed on 10/17/202 at 13:26:02 NCENV_REPORT_0069.rpt

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH

Permit Number: 342194
File ID: 454805

CONSTRUCTION AUTHORIZATION

PID/Lot Identifier: 316433
Owner: House Buyers LLC
Applicant: SGMC
Facility Type: Single Family Home
Property Size: .19 Well Permit #:
Property Location: Summerdow Rd. Stanley 28164 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 Navarro Expiration Date: 11/6/30

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

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH

See attached site sketch

SITE SKETCH

PID 316433 Permit Number 347194 File ID 454865

House Buyers LLC. — Applicant's Name

Somerow Rd — Subdivision/Section/Lot Number/Address

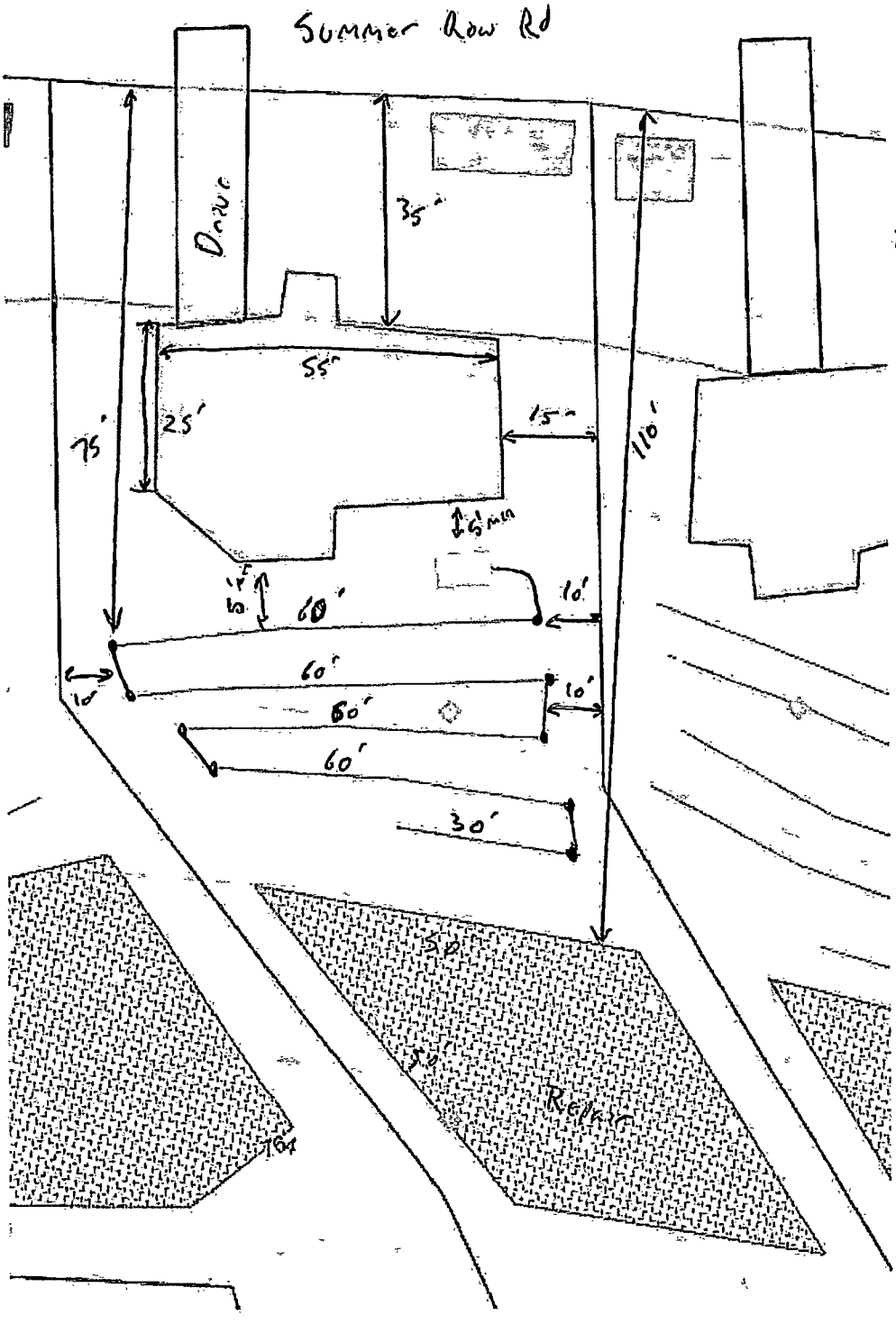
Authorized State Agent

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 panel.
* 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 Buyers LLC
Mailing Address: 107 Sunset Drive
City: Mount Holly
State: NC Zip: 28120
Phone #: 704 363 8527
Email: Jaime.Tinsman@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.

☐ Yes	☑ No	Does the site contain any jurisdictional wetlands?
☐ Yes	☑ No	Is any wastewater going to be generated on the site other than domestic sewage?
☐ Yes	☐ No	Is the site subject to approval by any other public agency?
☐ Yes	☐ 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 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 342194
File ID. 454805

IMPROVEMENT PERMIT

PID/Lot Identifier: 1607743
Owner: Charles Grant Applicant: J & R Homebuyers
Property Location: Summerrow Rd. Stanley 28164
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*: II b (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required
Proposed Wastewater System Type*: II b (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: 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 342194 File ID 454865

Charles Grant
Applicant's Name

Subdivision/Section/Lot Number

Authorized State Agent

7/3/25
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.

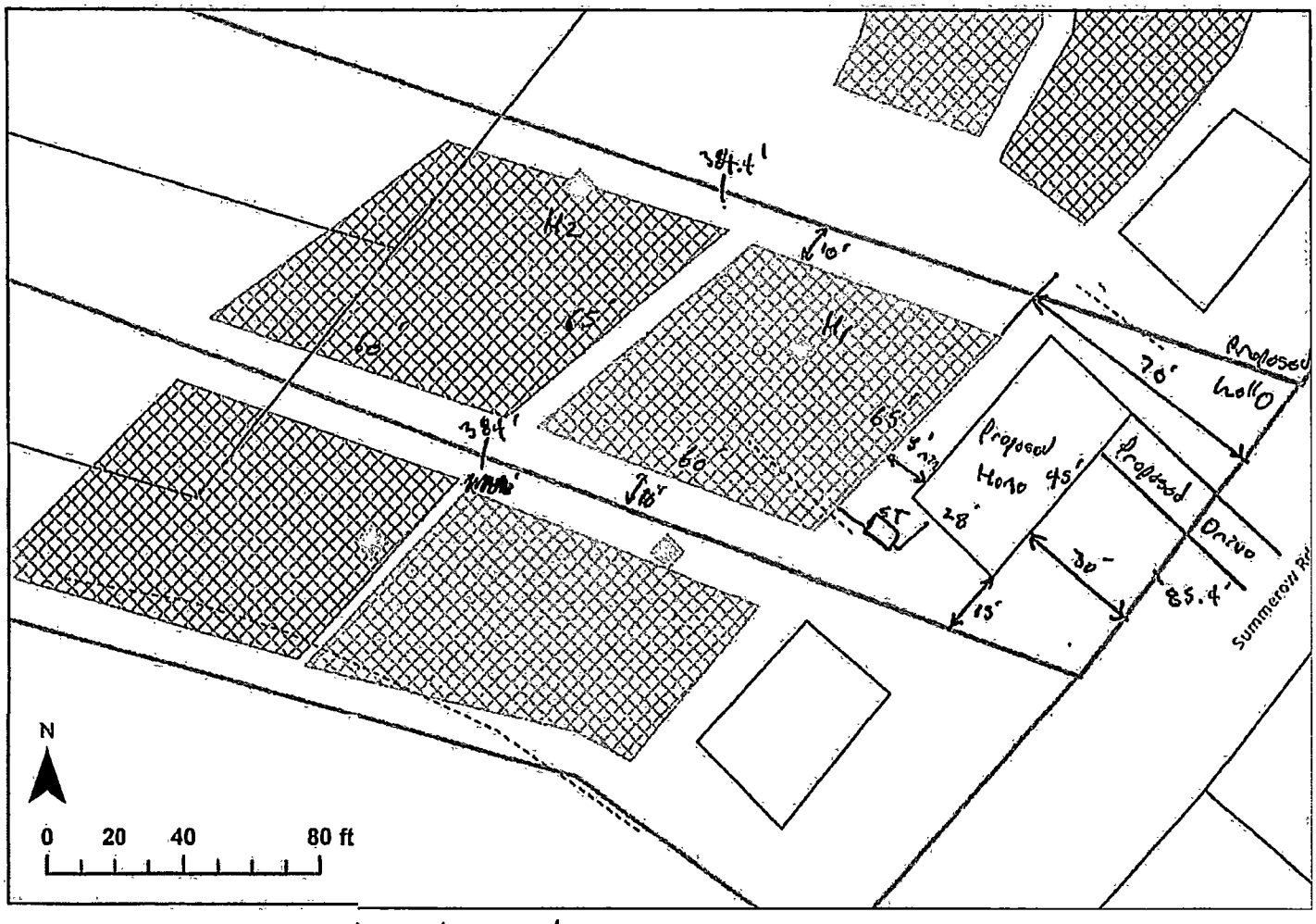
* See Attachment *

GASTON COUNTY PUBLIC HEALTH - ENVIRONMENTAL HEALTH

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

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

Last Revised 11/8/24

PRIMARY PROPERTY ADDRESS

NO ASSIGNED ADDRESS

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

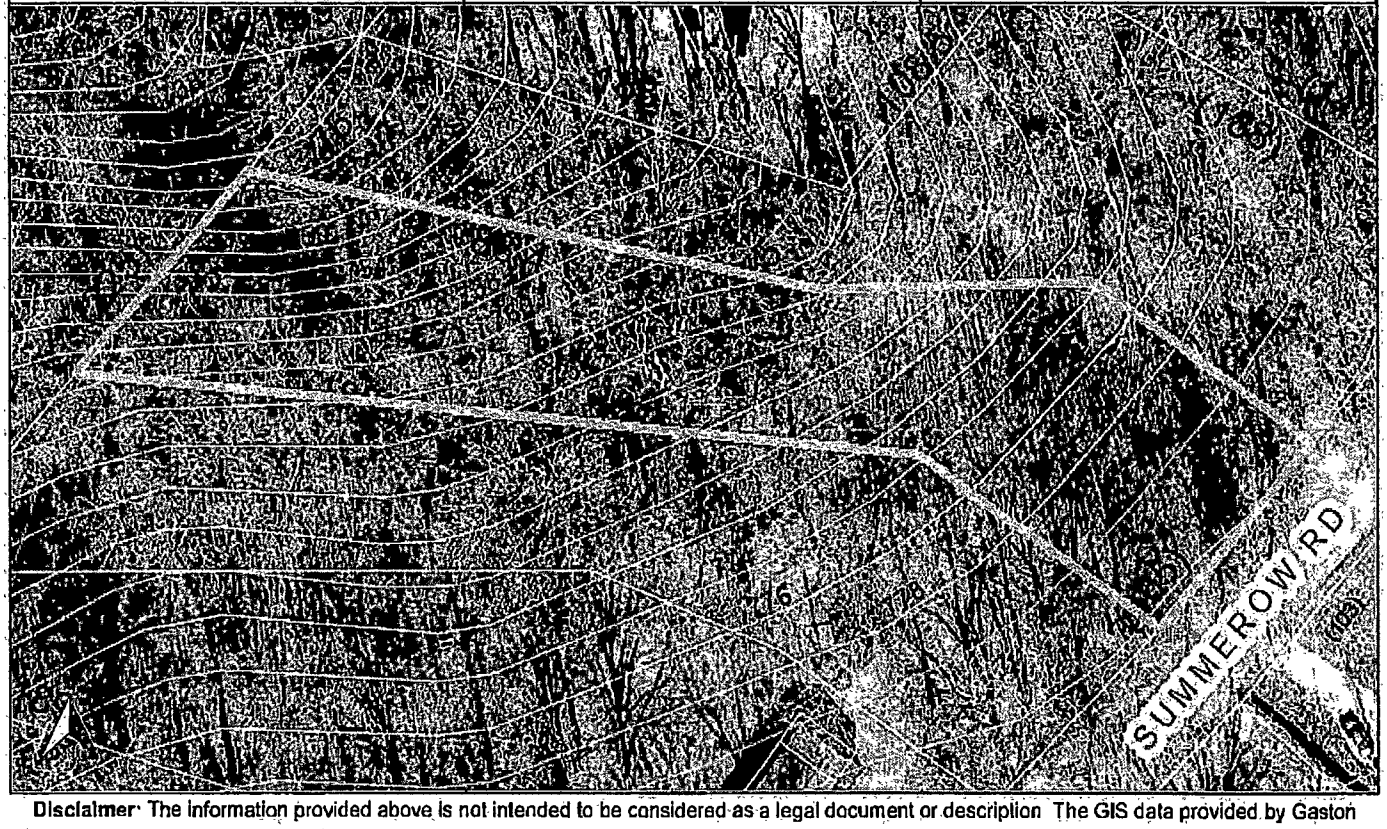
TAX INFORMATION

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 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: 0.69
TAX CODE: 280
TAX DISTRICT. ALEXIS FD
VOLUNTARY AG DISTRICT: NO
PROPERTY USE: OTHER

PHOTO
NOT AVAILABLE

SKETCH
NOT AVAILABLE

GASTON COUNTY GIS



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	Summerow Rd House 2 Stanley, NC, 28164

Line Item# 236216

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: 454806

CONSTRUCTION AUTHORIZATION

PID/Lot Identifier: 316424
Owner: House Buyers LLC Applicant: Same
Facility Type: Single family home Property Size: .69 Well Permit #:
Property Location: Summerlin Rd. Stanley 28164 Hse 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* II b (Initial) III c (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 Lfl of 25% System.
*1000 gallon Sep.

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 Navarro 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 316424 Permit Number 342191 File ID 454 8266

House Buyers LLC
Applicant's Name

Summerfield Rd
Subdivision/Section/Lot Number/Address

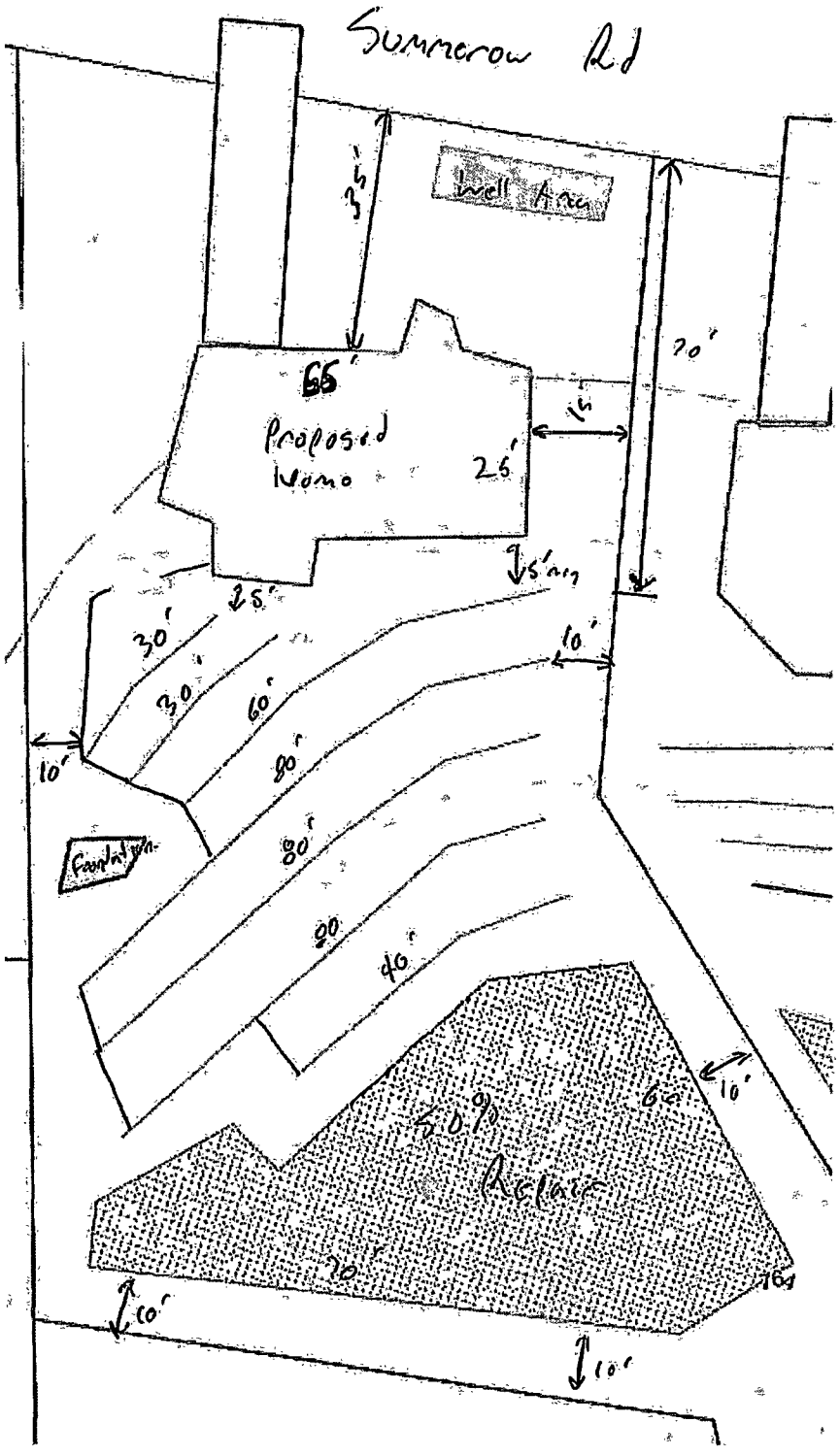
Authorized State Agent

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
* 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: Tawna.Johnson@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.

☐ Yes	☑ No	Does the site contain any jurisdictional wetlands?
☐ Yes	☑ No	Is any wastewater going to be generated on the site other than domestic sewage?
☐ Yes	☑ No	Is the site subject to approval by any other public agency?
☐ Yes	☑ 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)***

10/17/25

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: 342191
File ID: 454866

IMPROVEMENT PERMIT

PID/Lot Identifier: 1607742
Owner: Charles Grant
Applicant: J + B Homebuyers
Property Location: Summerow Rd Stanley 28164
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* 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): 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 Alonso 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.

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH

SITE SKETCH

PID 167742 Permit Number 342191 File ID 4548dc

J & B Homebuyers
Applicant's Name

Subdivision/Section/Lot Number

Authorized State Agent

7/8/2026
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.

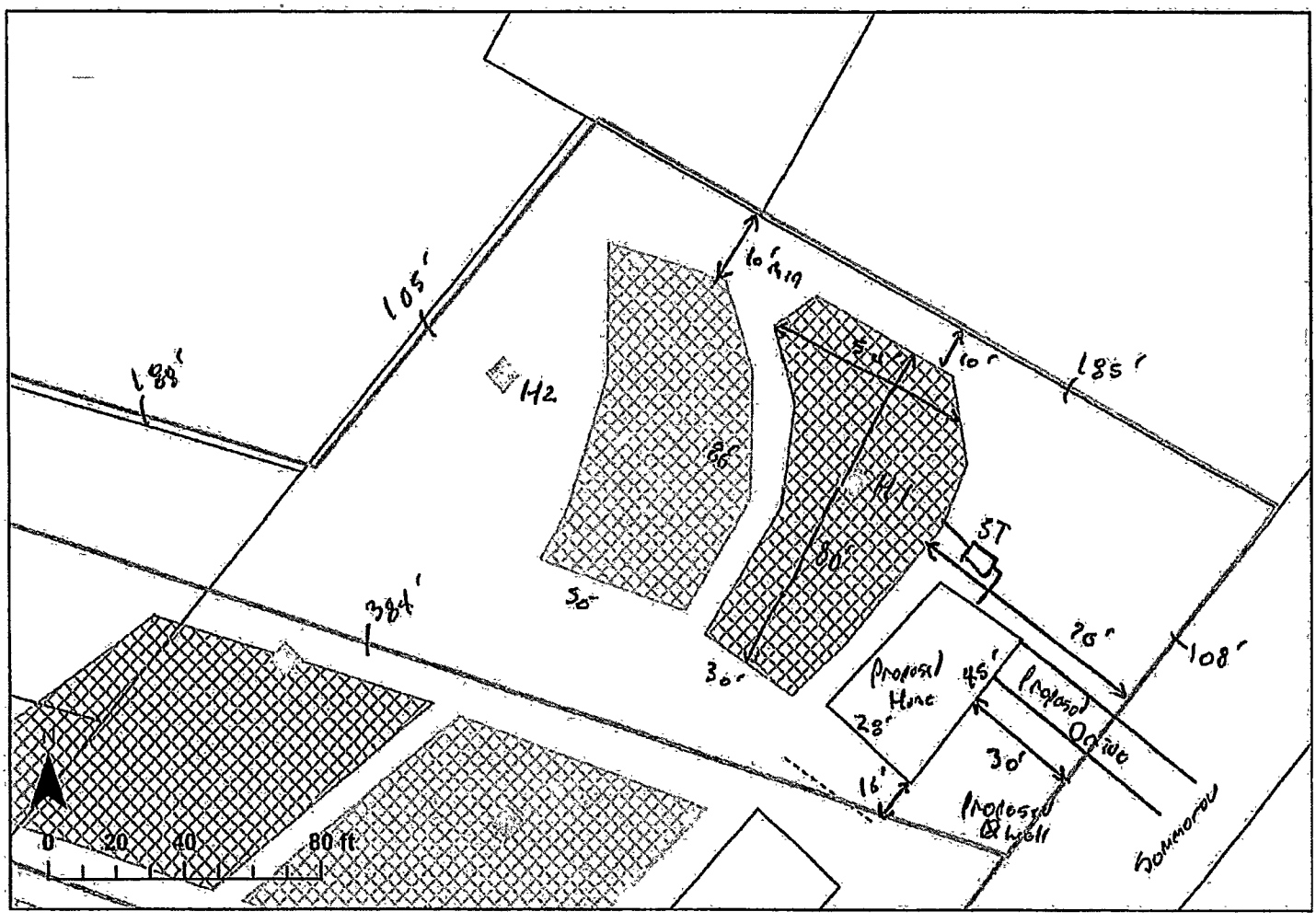
* See Attachment *

GASTON COUNTY PUBLIC HEALTH - ENVIRONMENTAL HEALTH

SITE SKETCH

Date: 7/8/25 **PID:** 167742 **Permit Number:** 342191

REHS: Salvador Nava Jr **Address:** Summerow RD lot 3



* Before AC is signed Lots must be combinedd and recorded. (167742 and 167741)

* Lot must be surveyed and staked.

* Home must be staked.

* 3 Bedroom system

Setbacks:

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

Specifications:

Follow all nc rules and regs

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

PRIMARY PROPERTY ADDRESS

NO ASSIGNED ADDRESS

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

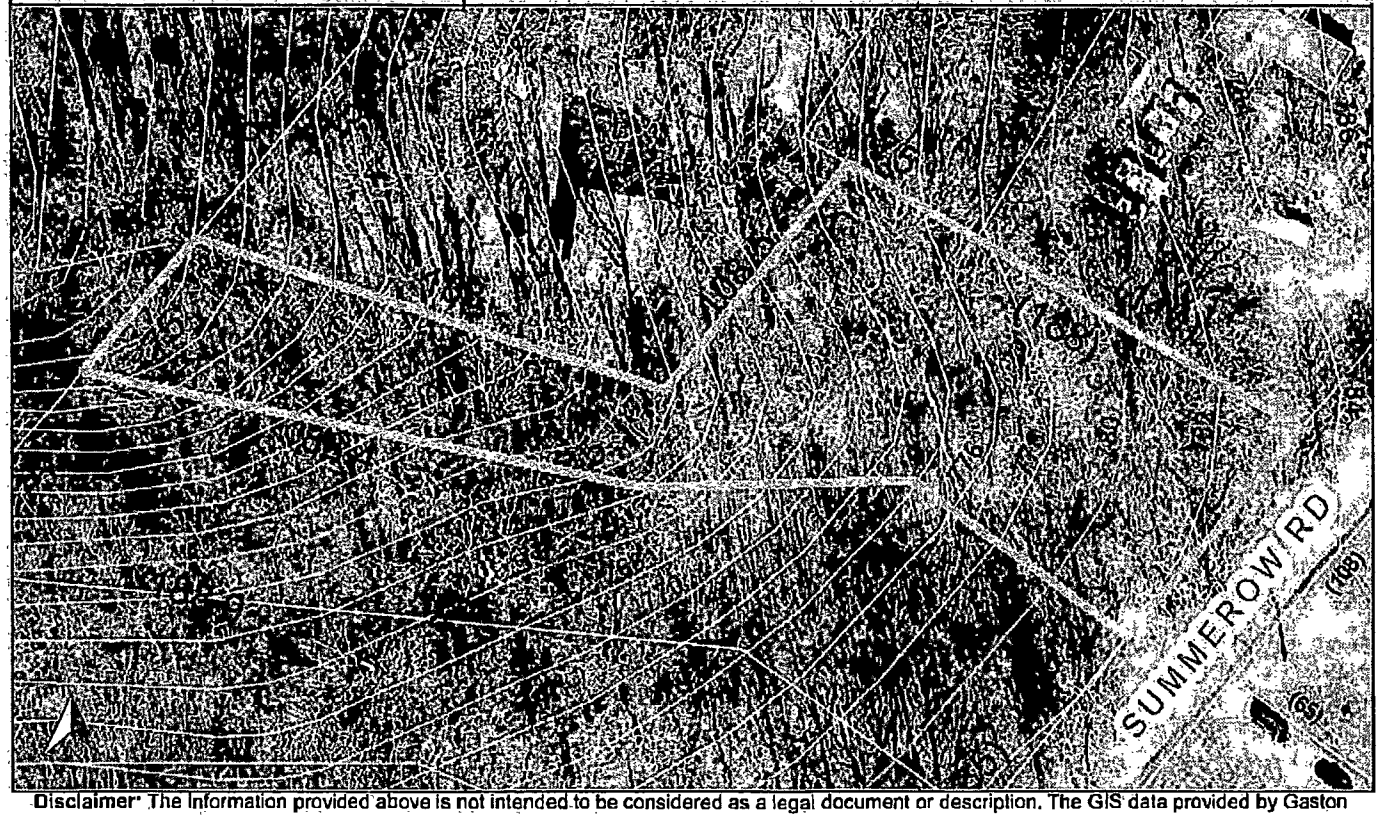
TAX INFORMATION

PARCEL #: 316424
PIN #: 3569-91-8028
CURRENT OWNERS: HOUSE BUYERS LLC
MAILING ADDRESS: 107 SUNSET DR, MOUNT HOLLY, NC 28120-
NBHD #: 28014
NBHD NAME: SUMMEROW ROAD
TOWNSHIP: DALLAS TOWNSHIP
LEGAL DESC: SUMMEROW RD LOT 4 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: 0.69
TAX CODE: 280
TAX DISTRICT: ALEXIS FD
VOLUNTARY AG DISTRICT: NO
PROPERTY USE: OTHER

PHOTO
NOT AVAILABLE

SKETCH
NOT AVAILABLE

GASTON COUNTY GIS



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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	Summerow Rd House 3 Stanley, NC, 28164

Line Item# 236213

Amount Paid $350.00

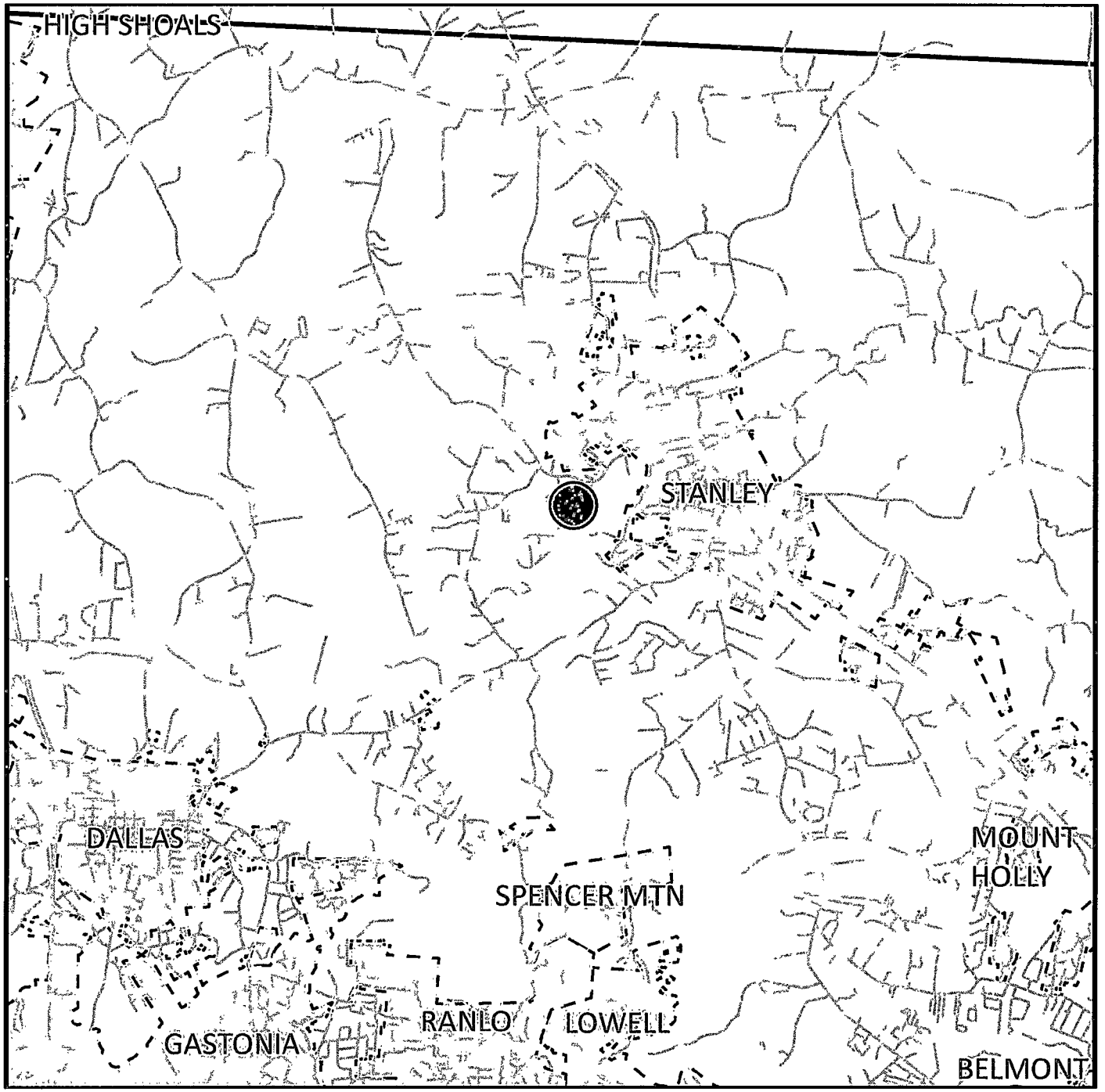
THIS IS YOUR RECEIPT
THANK YOU!

* 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

N

0 0.42 0 85 1 7 Miles

GASTON COUNTY
BUILDING AND DEVELOPMENT SERVICES

ORTHOPHOTO MAP
REZ-25-07-11-00232

LEGEND

- Roads
- Parcels
- Subject Parcel(s)

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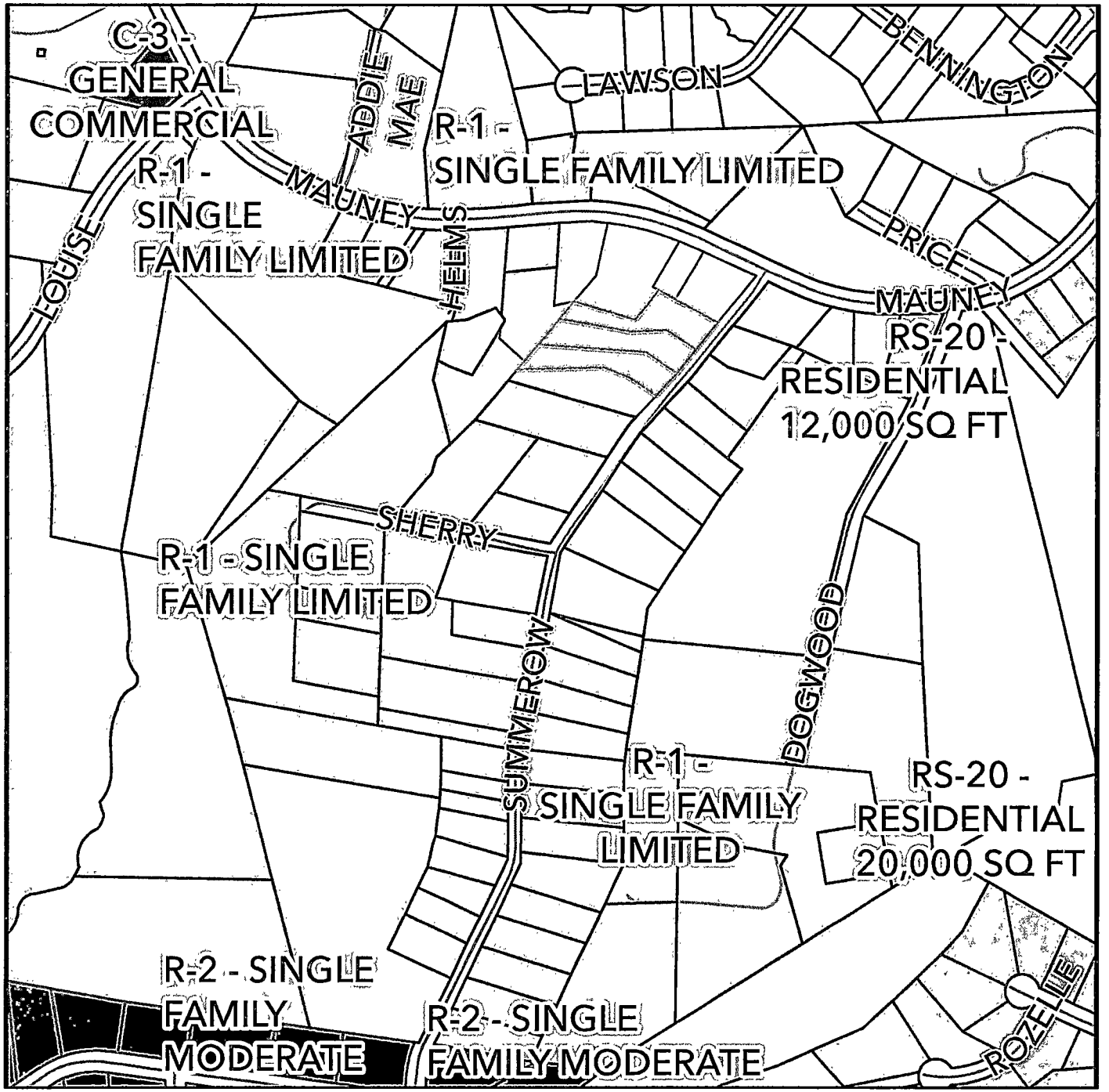
N

0 0 020.04 0 07 Miles



GASTON COUNTY
BUILDING AND DEVELOPMENT SERVICES

ZONING MAP
REZ-25-07-11-00232

LEGEND

- Roads
- Parcels

ZONE TYPE

- C-3
- R-1
- R-2
- RS-20
- Subject Parcels

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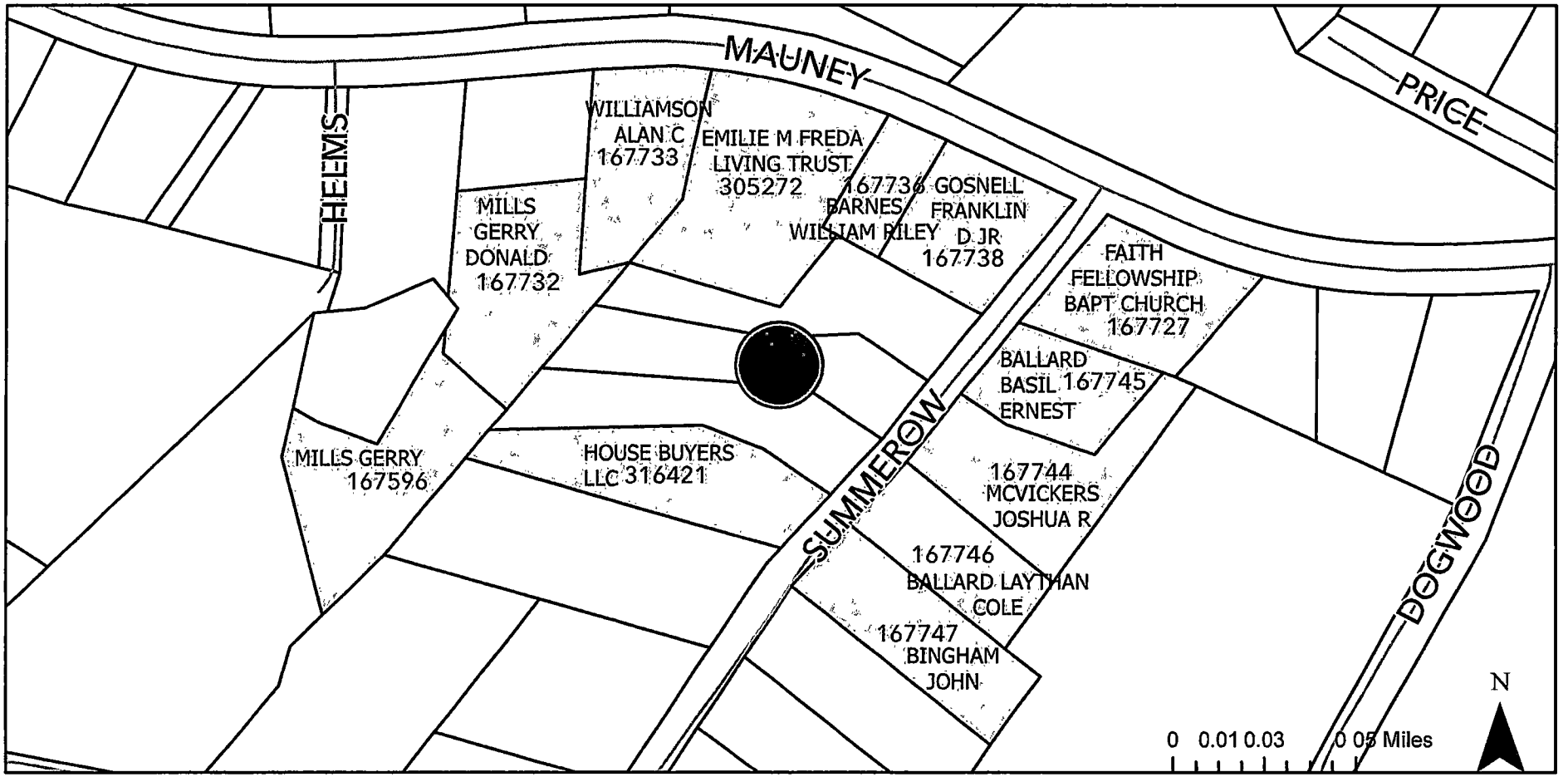
0 0.030 06 0 11 Miles

N



GASTON COUNTY
BUILDING AND DEVELOPMENT SERVICES

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.

GASTON-CLEVELAND-LINCOLN
MPO
Metropolitan Planning Organization

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/Jayme 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/Jayme 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**

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