



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	TKerligher	SShehan	Vote
2026-001	01/27/2026	TK	JB	A	A	A	A	A	A	A	U

DISTRIBUTION.

Laserfiche Users

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

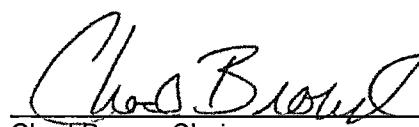
- a. Grant the rezoning as requested.
- b. Grant the rezoning with a reduction of the area requested.
- c. Grant the rezoning to a more restrictive general zoning district or districts.
- d. Grant the rezoning with a combination of Subsections (b) and (c) above.
- e. Deny the rezoning

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. 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: Jayne 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 R-2 Proposed Zoning: R-2 to allow manufactured
houses

D. PROPERTY INFORMATION ABOUT MULTIPLE OWNERS

Name of Property Owner: _____ Name of Property Owner: _____

Mailing Address: _____ Mailing Address: _____

_____ (Include City, State and Zip Code) _____ (Include City, State and Zip Code)

Telephone: _____ Telephone: _____
(Area Code) (Area Code)

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

(Signature)

(Signature)

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 Jayne Infanzon consent to execute this proposed action

of Applicant)

Jayne
(Signature)

7/11/25

(Date)

(Signature)

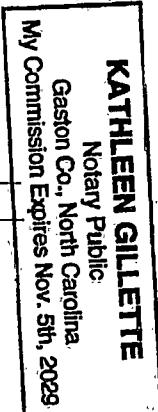
(Date)

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

Kathleen Gillette
Notary Public Signature

11-5-2029

Commission Expiration



(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 Properly 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: 454564

CONSTRUCTION AUTHORIZATION

PID/Lot Identifier: 316482

Owner: House Buyers LLC

Applicant: Salvador

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) 1 gallons Pump Requirements: 1 ft. TDH vs. 1 GPM

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

Conditions: * 4 bedrooms * 8 people
* 400 ft 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

Expiration Date: 11/6/20

Authorized Agent's Signature: 

Date: 11/6/20

**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 11C

Applicant's Name

Summerow Rd

Subdivision/Section/Lot Number/Address

11/11/25

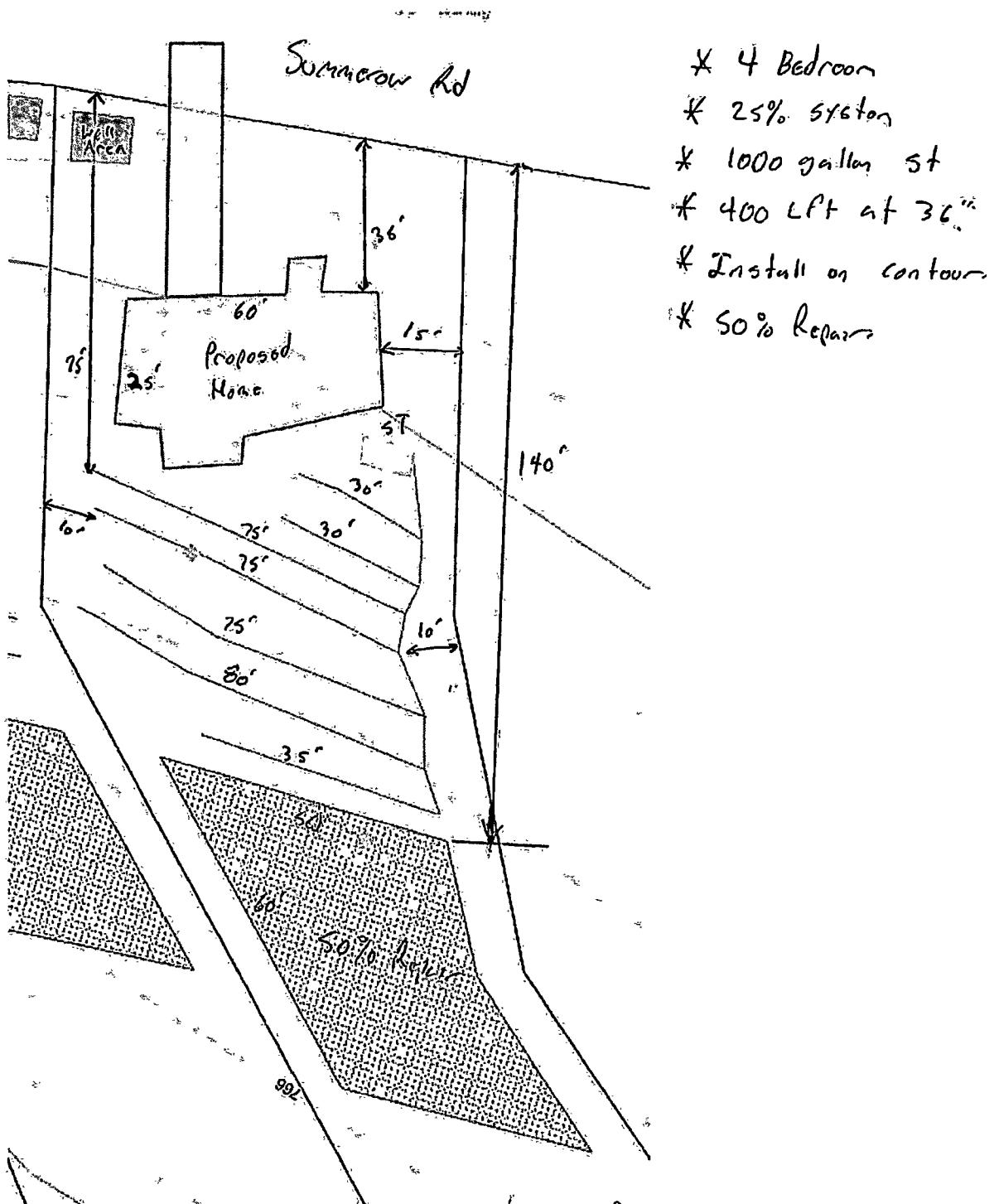
Authoriz. _____

Date _____

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

* See Attachment *

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH





GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION PERMIT APPLICATION

Improvement Permit

Construction Authorization

Applicant: <u>House Buyers LLC</u>
Mailing Address <u>107 Scincent Drive</u>
City: <u>Mount Holly</u>
State: <u>NC</u> Zip: <u>28120</u>
Phone #: <u>704 363 8527</u>
Email: <u>JayneInHanzon@yahoo.com</u>

Owner: <u>Scincent</u>
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

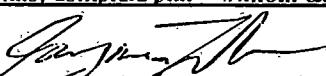
If applying for a Construction Authorization, please indicate desired system type(s):

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)



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 43-3104

IMPROVEMENT PERMIT

PID/Lot Identifier: 162 7746

Owner: Charles Givant Applicant: F&B Homeliving, inc

Property Location: Summerfield Rd. Stanly 28164

Subdivision (if applicable): Lot #: 111 Block: Property Size:

New

Expansion

System Relocation

Change of Use

Facility Type: Single Family home

Number of bedrooms: 3 Number of Occupants: 6 Other:

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 3 Proposed LTAR (Repair): 3

Proposed Wastewater System Type* II 6 (Initial) Pump Required: Yes No May be required

Proposed Wastewater System Type* II 6 (Repair) Pump Required: Yes No May be required

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

Saprolite System (Initial) Yes No

Saprolite System (Repair): Yes No

Min. Trench Depth (Initial) 30 " *As needed. Min. Trench Depth (Repair): 30 " *As needed.

Max. Trench Depth (Initial) 36 "

Max. Trench Depth (Repair): 36 "

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

Permit conditions:

* 3 Bedrooms Home
* See Attachment

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, 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 343.196

File ID 4454864

J & B Homeborders

Applicant's Name

Subdivision/Section/Lot Number

~~Authorized State Agent~~

Date

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

* See Attachment.*



GASTON COUNTY PUBLIC HEALTH - ENVIRONMENTAL HEALTH

SITE SKETCH

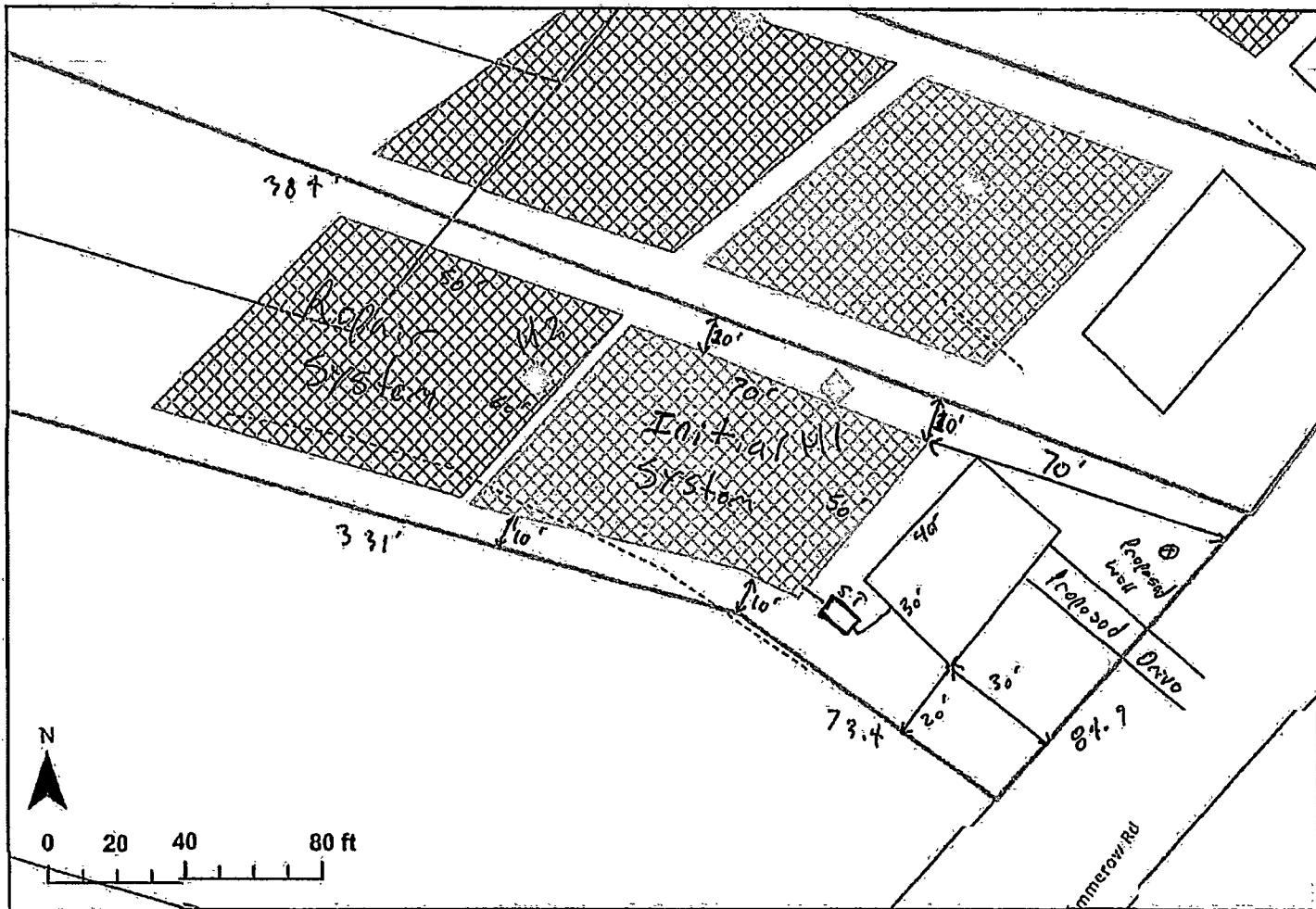
Date: 7/3/2025

PIID: 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.

Setbacks:

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

Specifications:

Follow all NC regs and rules.

PRIMARY PROPERTY ADDRESS		TAX INFORMATION	
NO ASSIGNED ADDRESS		PARCEL #: 316422 PIN #: 3569-90-6986 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 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
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			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.

Gaston County Health Department

Environmental Health Services Division

991 W. Hudson Blvd.

Gastonia, NC 28052

(704) 853-5200

Payment Summary

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

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

THIS IS YOUR RECEIPT

THANK YOU!

* he emailed me the final
plot plans

* will do well permit later

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH

See attached site sketch

SITE SKETCH

PID 316403

Permit Number 342194

File ID 454845

House buyers LLC.

Applicant's Name

~~See~~

Authorized State Agent

Sommerow Rd

Subdivision/Section/Lot Number/Address

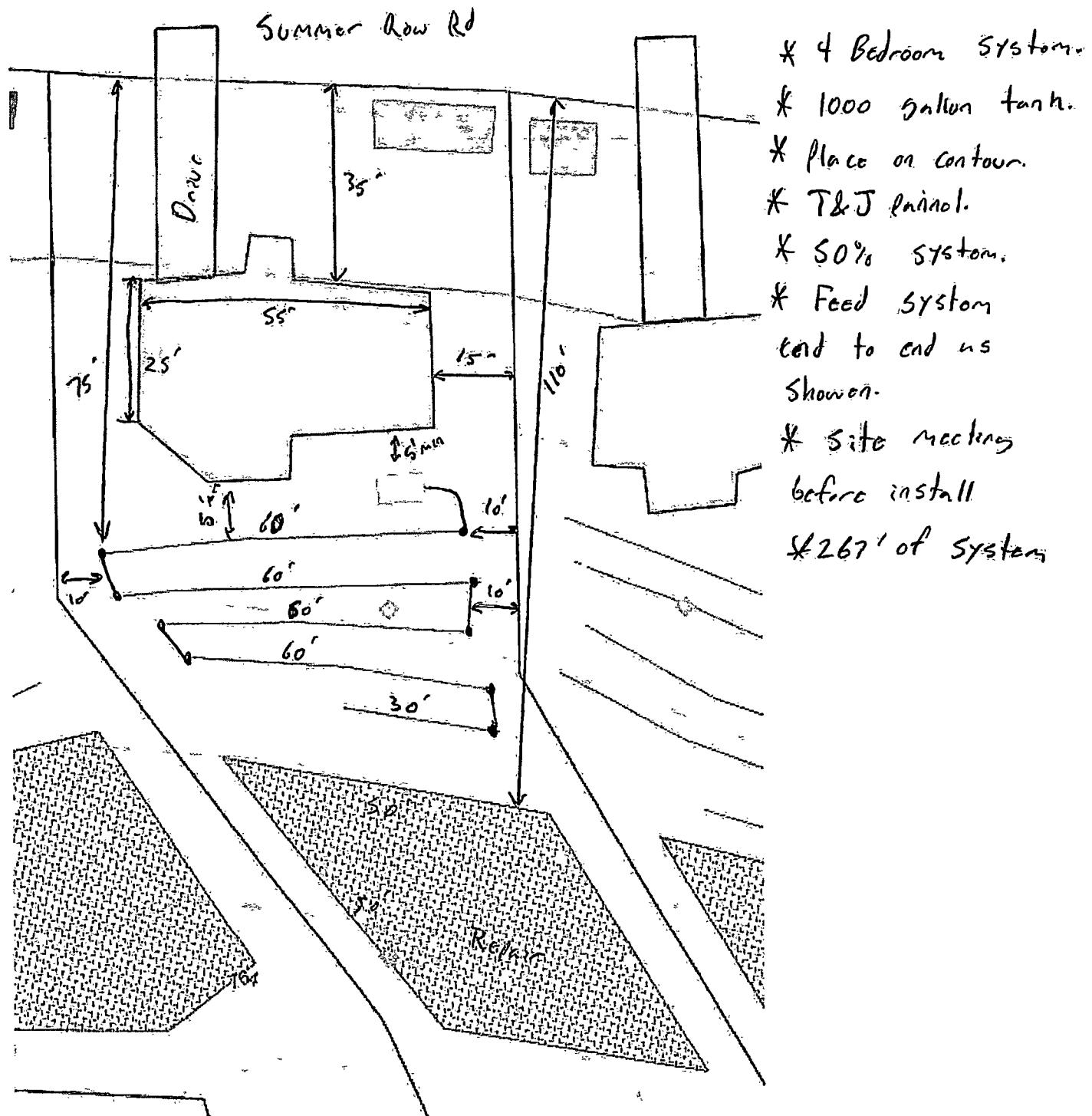
11/6/25

Date

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

* See Attachment *

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH





GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
ENVIRONMENTAL HEALTH

IMPROVEMENT PERMIT AND/OR CONSTRUCTION AUTHORIZATION PERMIT APPLICATION

Improvement Permit

Construction Authorization

Applicant: House Builders LLC
Mailing Address: 107 Sunset Drive
City: Mount Holly
State: NC Zip: 28120
Phone #: 704.763.8577
Email Jayne.In.Panzer@yahoo.com

PID/Lot Identifier 31647.7

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: 2 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)

10/17/25

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: 11a7742
Owner: Charles Giant Applicant: JTR HomeBuyers
Property Location: Summerside Rel. Standard 38164
Subdivision (if applicable) Lot #: House 4 Block: Property Size: _____
New Expansion System Relocation Change of Use

Facility Type: Single Family Home

Number of bedrooms: 5 Number of Occupants: 6 Other: _____

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): -3 Proposed LTAR (Repair): -3

Proposed Wastewater System Type*: ITB (Initial) Pump Required: Yes No May be required

Proposed Wastewater System Type: 11A (repair) Pump Required: Yes No May be required

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

Permit conditions:
* See Attachment 1.

Authorized Agent's Printed Name Salvador Navas Jr. Expiration Date: 7/3/30

Authorized Agent's Signature: John Doe Date: 9/3/25

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 3412194

File ID 454865

Applicant's Name Charles Grant

Authorized State Agent 

Subdivision/Section/Lot Number
713125

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

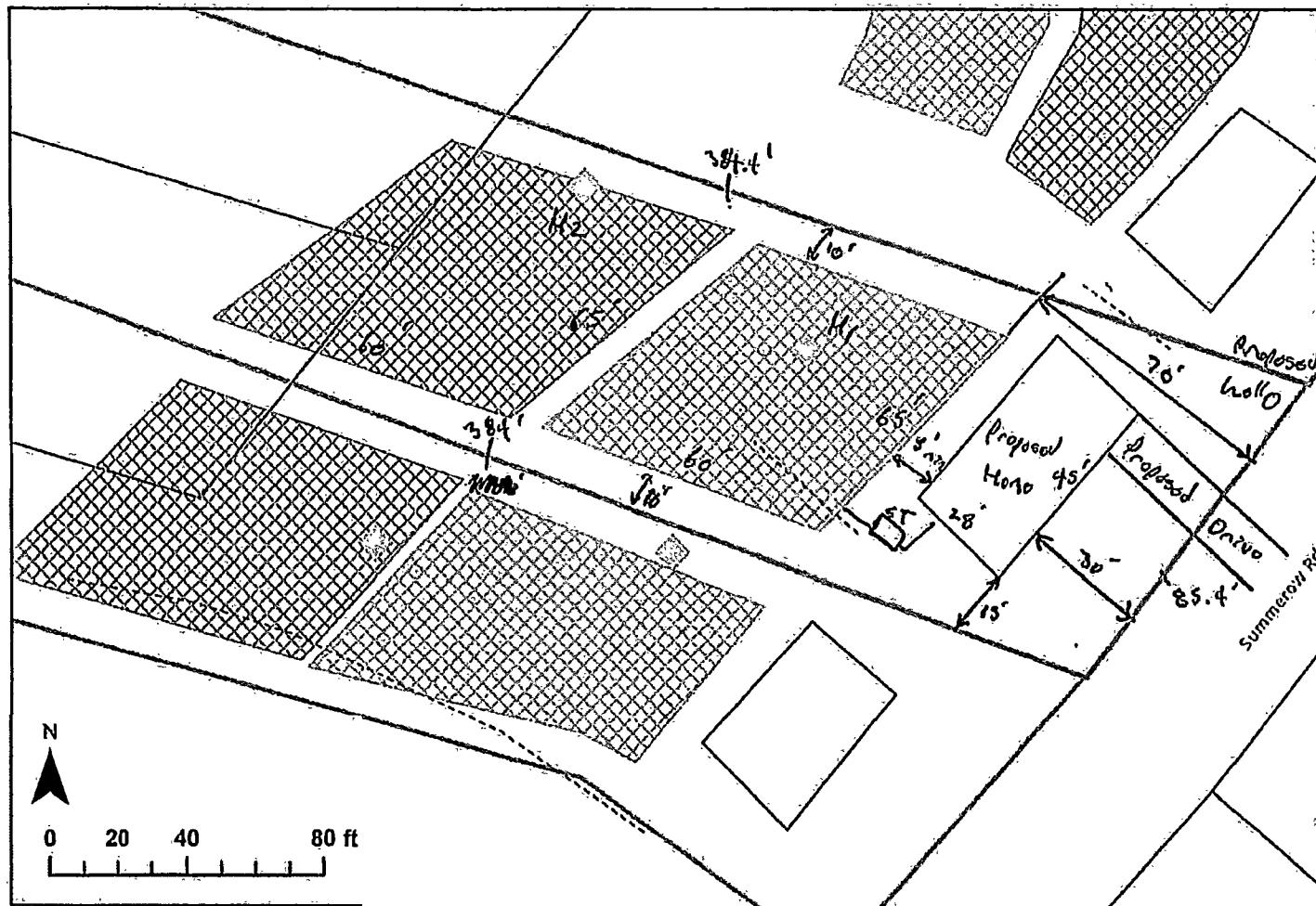
Date: 7/8/25

PID: 167742

Permit Number: 342194

REHS: Salvador Nava Jr

Address: Summerow RD lot 2



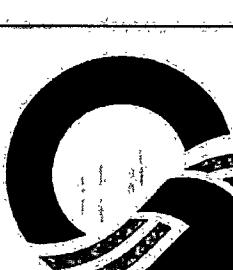
- * Before AC is signed Lots must be combined and Recorded.
- Part of (167742, 167741, 167740)
- * Home and lot must be surveyed and staked
- * 3 Bedroom Home.

Setbacks:

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

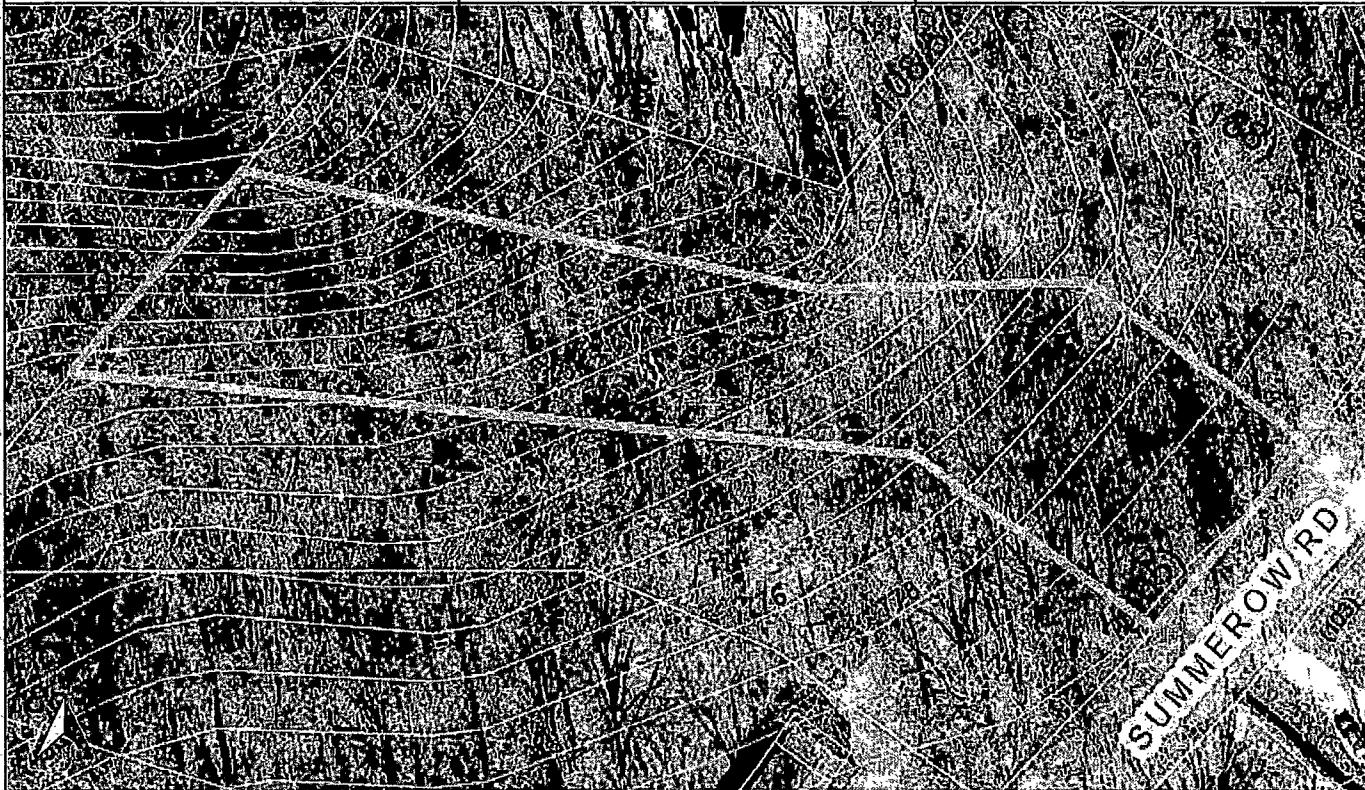
Specifications:

Follow all nc rules and regs

PRIMARY PROPERTY ADDRESS		TAX INFORMATION			
NO ASSIGNED ADDRESS		PARCEL #: 316423			
PROPERTY INFORMATION		PIN #: 3569-91-7032			
CITY LIMITS:		CURRENT OWNERS: HOUSE BUYERS LLC			
ETJ: NOT IN ETJ		MAILING ADDRESS: 107 SUNSET DR.			
POLICE DISTRICT: GASTON COUNTY		MOUNT HOLLY, NC 28120-			
FIRE DISTRICT: ALEXIS		NBHD #: 2B014			
SPECIAL FLOOD HAZARD AREA:		NBHD NAME: SUMMEROW ROAD			
LOCAL WATERSHED: HOYLES CREEK		TOWNSHIP: DALLAS TOWNSHIP			
CENSUS TRACT: 335.01		LEGAL DESC: SUMMEROW RD LOT 3 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: 2B0			
		TAX DISTRICT: ALEXIS FD			
		VOLUNTARY AG DISTRICT: NO			
		PROPERTY USE: OTHER			
PHOTO NOT AVAILABLE					
SKETCH NOT AVAILABLE					
 GASTON COUNTY GIS					



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 #: 428330
Received from:		
Comments:		

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

THIS IS YOUR RECEIPT

THANK YOU!

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

GASTON COUNTY DEPARTMENT OF HEALTH & HUMAN RESOURCES
ENVIRONMENTAL HEALTH

Permit Number: 342191
File ID: 454304

CONSTRUCTION AUTHORIZATION

PID/Lot Identifier: 316424

Owner: House Runers LLC

Applicant: Steve

Facility Type: Single family home

Property Size: 169 Well Permit #:

Property Location: Summerfield 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* II (Initial) III (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: 76 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 LFI 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 Navar 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 3116424

Permit Number 342191

File ID 454866

House buyers LLC

Applicant's Name

Authorized State Agent

Slimmerchild

Subdivision/Section/Lot Number/Address

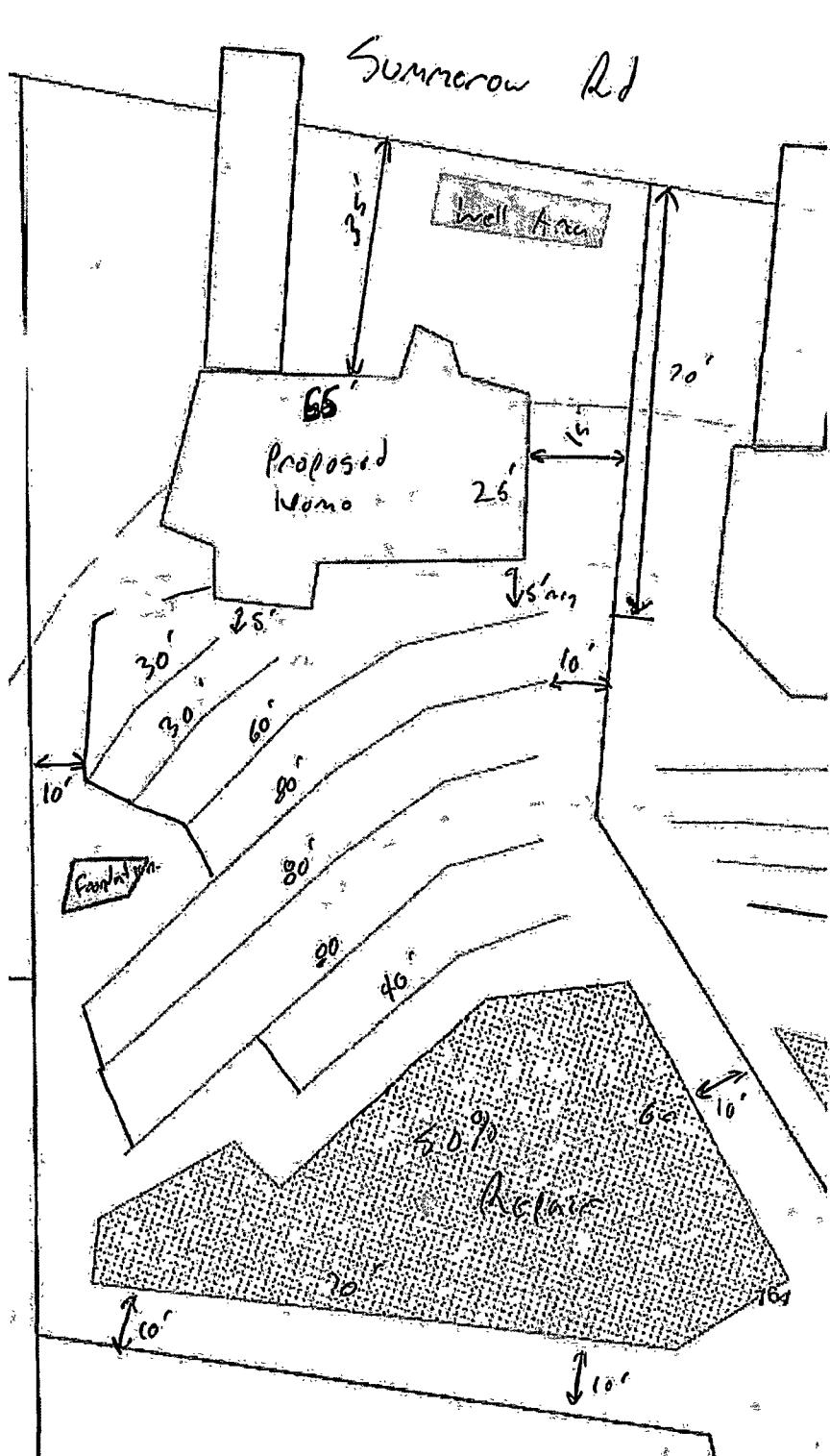
11/6/25

Date

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

X See Attachment X

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



- * 4 Bedroom System
- * 400 CFT at 36" DEEP
- * 1000 gallon St.
- * Call for Preconstruction meetings. 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 Sainset Drive		
City:	Maryng Holly		
State:	NC	Zip:	28120
Phone #:	7043638527		
Email:	Tourno.Information@yahoo.com		

Owner:	Seanne		
Mailing Address:			
City:			
State:		Zip:	
Phone #:			
Email:			

PID/Lot Identifier 316424

Property Acreage:

Date Parcel Originally Deeded and Recorded.

Property Address:	Lot #:	Block:	Section:
Subdivision (if applicable)			
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 type="checkbox"/> No	Does the site contain any jurisdictional wetlands?
<input type="checkbox"/> Yes <input 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)

10/17/26
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: 159812

IMPROVEMENT PERMIT

PID/Lot Identifier: 167742
Owner: Charles Gruentz
Property Location: 511 MERRILL DR STANLEY NC 28774
Subdivision (if applicable):
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): 5 Proposed LTAR (Repair): 3

Proposed Wastewater System Type* 116 (Initial) Pump Required: Yes No May be required

Proposed Wastewater System Type* 116 (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.

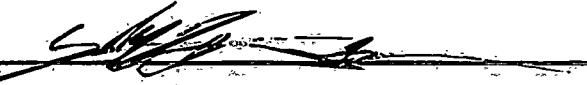
Max. Trench Depth (Initial): 36" Max. Trench Depth (Repair): 36"

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 Almazan Expiration Date: 7/8/2020

Authorized Agent's 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

7/8/2024

Authorized State Agent

Date

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

* See Attachment.*



GASTON COUNTY PUBLIC HEALTH - ENVIRONMENTAL HEALTH

SITE SKETCH

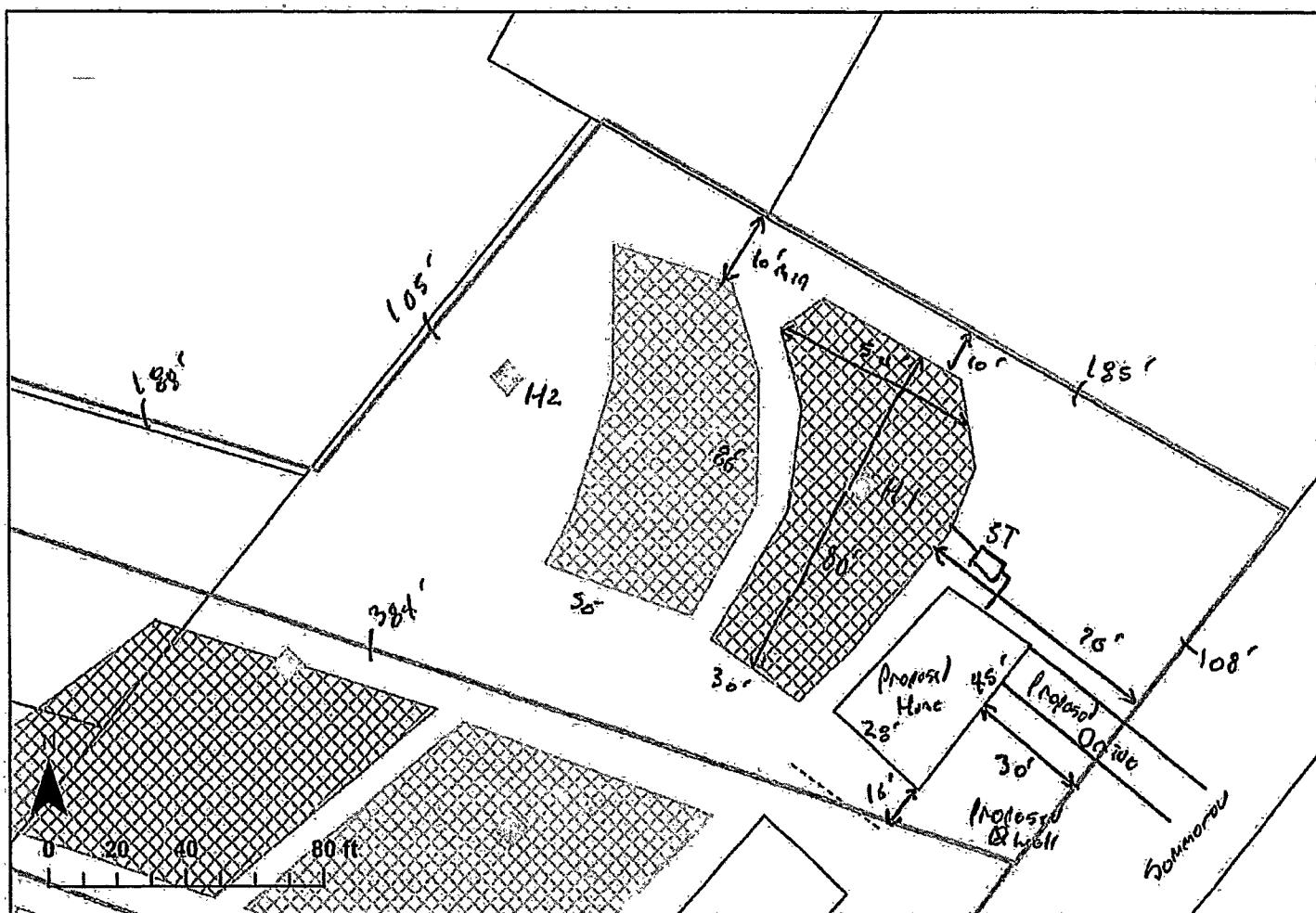
Date: 7/8/25

PID: 167742

Permit Number: 342191

REHS: Salvador Nava Jr

Address: Summerow RD lot 3



* Before AC is signed lots must be combined 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.

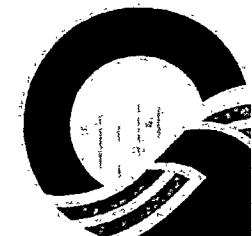
Specifications:

Follow all NC rules and regs

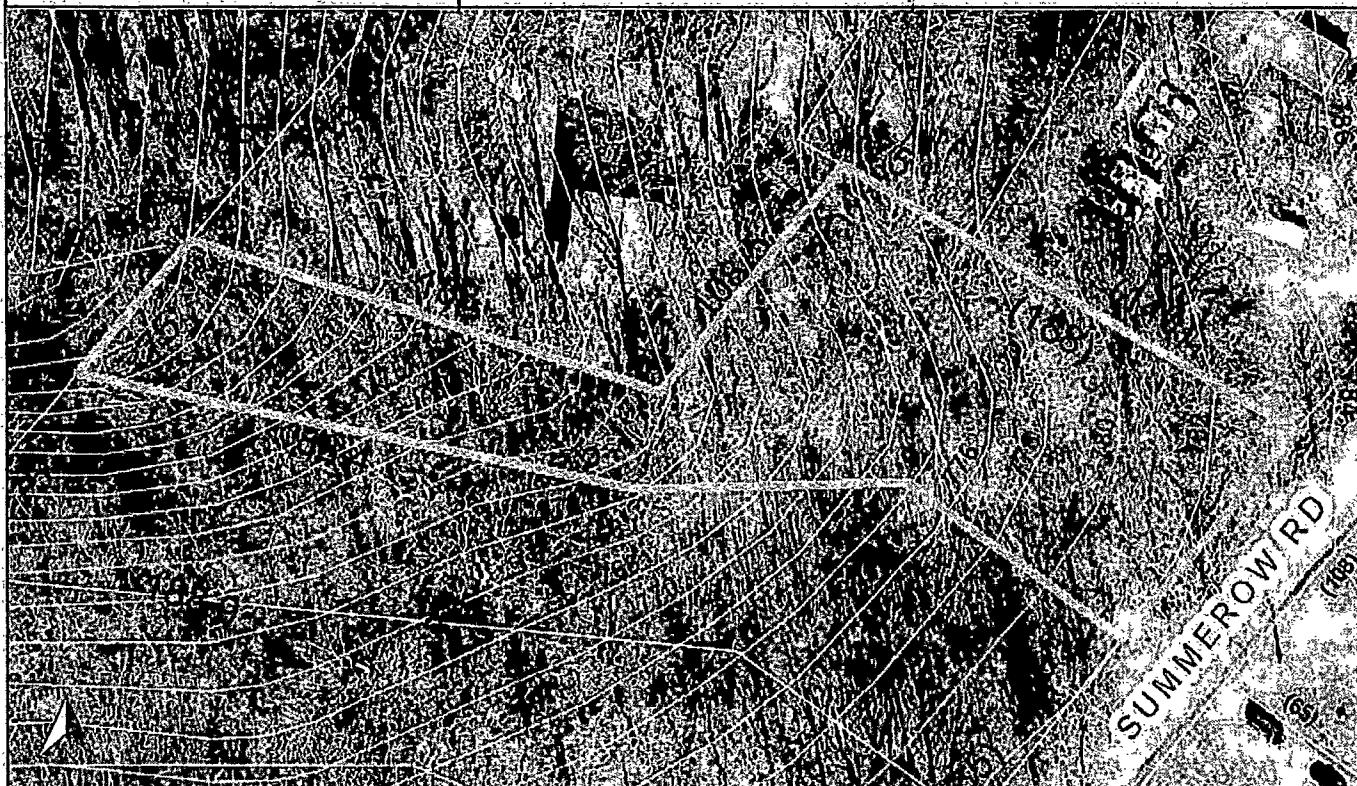
PRIMARY PROPERTY ADDRESS		TAX INFORMATION
NO ASSIGNED ADDRESS		PARCEL #: 316424
PROPERTY INFORMATION		PIN #: 3569-91-8028
CITY LIMITS:		CURRENT OWNERS: HOUSE BUYERS LLC
ETJ: NOT IN ETJ		MAILING ADDRESS: 107 SUNSET DR,
POLICE DISTRICT: GASTON COUNTY		MOUNT HOLLY, NC 28120-
FIRE DISTRICT: ALEXIS		NBHD #: 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: 0
		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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Gaston County Health Department

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

Payment Summary

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

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

THIS IS YOUR RECEIPT

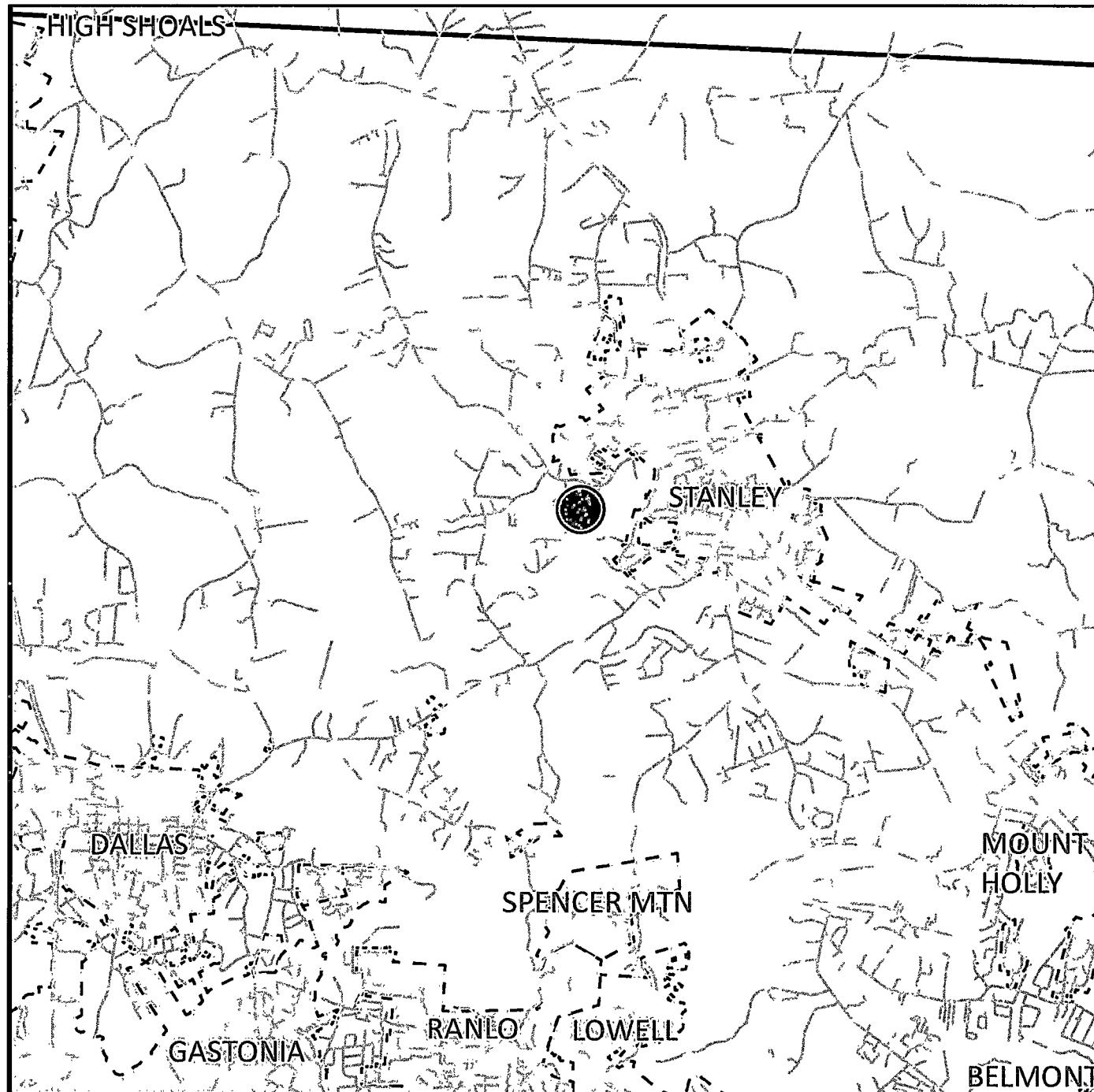
THANK YOU!

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

Uses Allowed in the (R-2) Zoning District

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

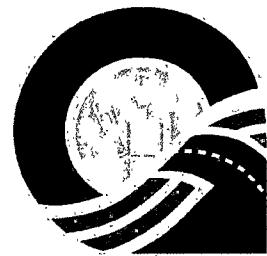
[] Municipalities

● Subject Parcels

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0 0.42 0.85 1.7 Miles





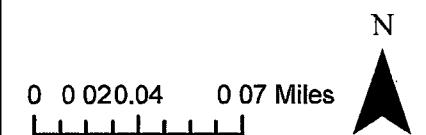
GASTON COUNTY
BUILDING AND DEVELOPMENT SERVICES

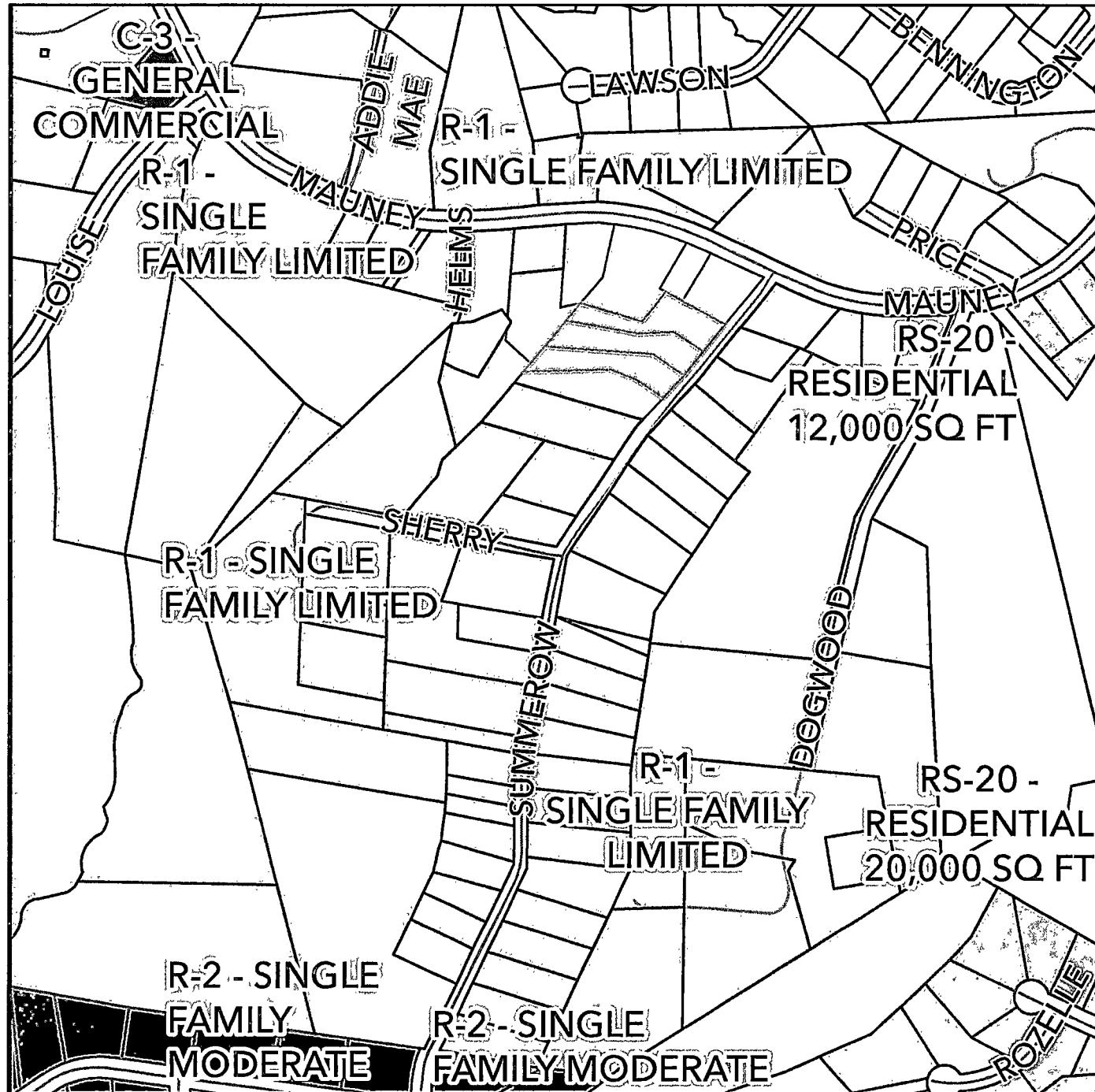
ORTHOPHOTO MAP
REZ-25-07-11-00232

LEGEND

- Roads
- Parcels
- Subject Parcel(s)

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ZONING MAP
REZ-25-07-11-00232

LEGEND

— Roads

□ Parcels

ZONE TYPE

■ C-3

□ R-1

■ R-2

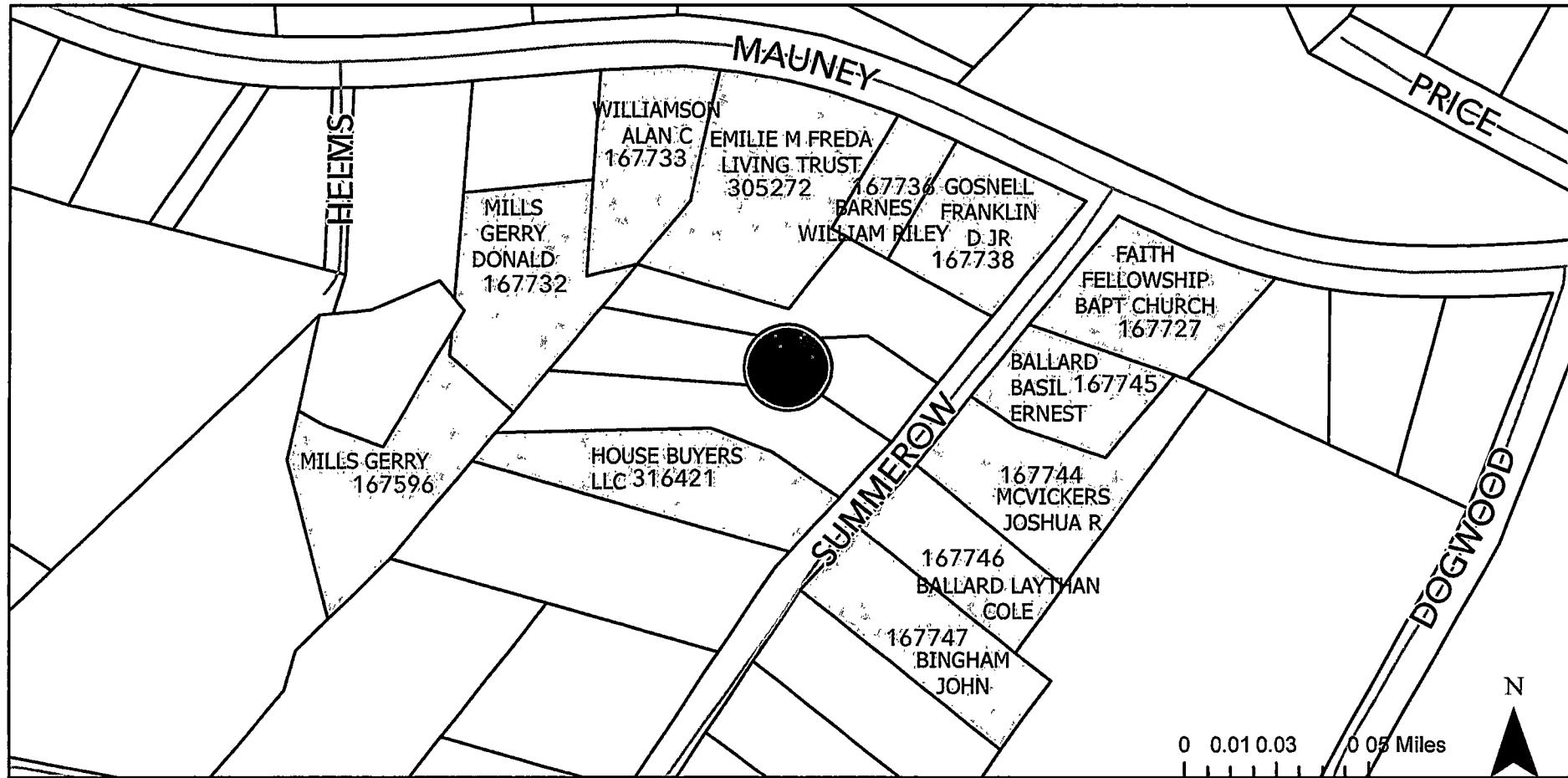
□ RS-20

■ Subject Parcels

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N

0 0.030 0.06 0 11 Miles



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

LEGEND



Subject Parcels

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Post Office Box 1748
Gastonia, North Carolina 28052
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

Donna S. Buff

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