



# GASTON COUNTY Department of Planning & Development Services

Street Address: 128 W. Main Avenue, Gastonia, North Carolina 28052 Phone: (704) 866-3195  
Mailing Address: P.O. Box 1578, Gastonia, N.C. 28053-1578 Fax: (704) 866-3966

## GASTON COUNTY TEXT AMENDMENT APPLICATION

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

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

### A. \*APPLICATION INFORMATION Application Number: TA 20-03

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

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

Telephone Numbers: 704-862-5510  
(Area Code) Business (Area Code) Home

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

### B. PROPERTY INFORMATION (if applicable)

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

Tax Map Identification: Parcel (s) \_\_\_\_\_

Parcel (s) \_\_\_\_\_ Parcel (s) \_\_\_\_\_

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

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

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

Chapter 9 (General Provisions): Section 9.5(A)

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

The proposed amendment will clarify the minimum lot width requirement.

### APPLICATION CERTIFICATION

(Circle)

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

[Signature]  
Signature of property owner or authorized representative

7-13-20  
Date

OFFICE USE ONLY

OFFICE USE ONLY

OFFICE USE ONLY

Date Received: 7/13/20 Application Number: TA: 20-03 Fee: \$ 0

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

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

Public Hearing Date: 07/28/20 Planning Board Recommendation: \_\_\_\_\_ Commissioner's Decision: \_\_\_\_\_