

## **GASTON COUNTY**

## **Department of Planning & Development Services**

Street Address: 128 W. Main Avenue, Gastonia, North Carolina 28052 Mailing Address: P.O. Box 1578, Gastonia, N.C. 28053-1578

Phone: (704) 866-3195 Fax: (704) 866-3966

GEN	IERAL REZONING APPLICATION Application Number: Z REZ 23-03-02-00144
Applic	eant X Planning Board (Administrative)  Board of Commission (Administrative)  ETJ
	Name of Applicant:  Mailing Address:  Mailing Address:  Ginna Grahl Farris  (Print Full Name)  (Print Full Name)  (Include City, State and Zip Code)  (Include City, State and Zip Code)  (Area Code) Business  (Area Code) Home
cons	applicant and property owner(s) are not the same Individual or group, the Gaston County Zoning Ordinance requires written ent form from the property owner(s) or legal representative authorizing the Rezoning Application. Please complete the orization/Consent Section on the reverse side of the application.
S-300 -	Name of Owner: Ginna G. Farris Just Chillin Holdings, LLC  Mailing Address: 905 Toncin Ave Bessener City, NC 28016  (Include City, State and Zip Code)  Telephone Numbers: 1704) 860-8396 1704) 629-305)  (Area Code) Business (Area Code) Home  Email: GFarris Le Cavolina. rr.com
C.	PROPERTY INFORMATION  Physical Address or General Street Location of Property: 3934 Puelfs Chapel Rd  Dallas, NC 28034  Parcel Identification (PID): 16578
	Acreage of Parcel: 4,56+/- Acreage to be Rezoned: 4.56+/- Current Zoning: R-2  Current Use: Manufacter Proposed Zoning: C-\
D.	PROPERTY INFORMATION ABOUT MULTIPLE OWNERS  Name of Property Owner:  Mailing Address:  Mailing Address:  (Include City State and Zin Code)
	(Include City, State and Zip Code)  Telephone: (Area Code)  Parcel: (If Applieable)  (Include City, State and Zip Code)

See Reverse Side For Completion of Additional Sections

(Signature)

(Signature)

## E. AUTHORIZATION AND CONSENT SECTION

ereby give	consent to execute this proposed action.
ereby give(Nam	ne of Applicant)
(Signature)	(Date)
M 22 MM 27 M 10	
(Signature)	(Date)
I <sub>r</sub>	, a Notary Public of the County of
State of North Carolina, hereby certify that	
personally appeared before me this day an	nd acknowledged the due execution of the foregoing instrument.
	e day of, 20
Notary Public Signature	Commission Expiration
/We), also agree to grant permission to allow easonable hours for the purpose of making Zo	employees of Gaston County to enter the subject property during oning Review.
rastewater disposal system (septic tank). Thou nd/or approval, the applicant understands a cl	ezoning does not guarantee that the property will support an on site ugh a soil analysis is not required prior to a general rezoning submittal chance exists that the soils may not accommodate an on site wastewater pment choices/uses unless public utilities are accessible.
lease return the completed application to t	s will cause rejection or delayed review of the application. In addition, the Planning and Development Services Department within the
ounty Administrative Building located at 1	28 West Main Avenue, Gastonia, NC 28052.
	I28 West Main Avenue, Gastonia, NC 28052.
APPL	
APPL	LICATION CERTIFICATION  perty owner/authorized representative, hereby certify that the application and any applicable documents is true and accurate.
APPL  (I,We), the undersigned being the project information submitted on the subject Signature of Property Owner or Authorization	LICATION CERTIFICATION  perty owner/authorized representative, hereby certify that the application and any applicable documents is true and accurate.
(I,We), the undersigned being the projinformation submitted on the subject	LICATION CERTIFICATION  perty owner/authorized representative, hereby certify that the application and any applicable documents is true and accurate.  3 - 2 - 23  Date  Date
(I,We), the undersigned being the propinformation submitted on the subject with the subject of Property Owner or Authorize Note: Approval of this request does not design the subject of t	perty owner/authorized representative, hereby certify that the application and any applicable documents is true and accurate.  3 - 2 - 23  Zed Representative Date  constitute a zoning permit. All requirements must be met within the UDO.  OFFICE USE ONLY
(I,We), the undersigned being the project information submitted on the subject with the subject of Property Owner or Authorize Note: Approval of this request does not of OFFICE USE ONLY  Date Received:	perty owner/authorized representative, hereby certify that the application and any applicable documents is true and accurate.  3 - 2 - 23  Zed Representative Date  Constitute a zoning permit. All requirements must be met within the UDO.  OFFICE USE ONLY
(I,We), the undersigned being the project information submitted on the subject Signature of Property Owner or Authorize Note: Approval of this request does not to OFFICE USE ONLY  Date Received:  Received by Member of Staff:	Perty owner/authorized representative, hereby certify that the application and any applicable documents is true and accurate.    3 - 2   3     2   23     2   24     2   24     2   24     2   24     2   24     2   24     2   24     2   24     2   24     3 - 2   24     2   24     2   24     3 - 2   24     2   24     2   24     2   24     3 - 2     4   24     5   24     6   25     7   26     7   26     7   26     8   26     9
(I,We), the undersigned being the propinformation submitted on the subject  Signature of Property Owner or Authoriz  Note: Approval of this request does not of  OFFICE USE ONLY  Date Received:  Received by Member of Staff:  (Initials)	Perty owner/authorized representative, hereby certify that the application and any applicable documents is true and accurate.    3 - 2   23     2ed Representative   Date     Constitute a zoning permit. All requirements must be met within the UDO.    OFFICE USE ONLY   OFFICE USE ONLY     Application Number:   Fee:     Date of Payment:   Receipt Number:     AREA MAP     COPY OF DEED     PAYMENT OF FEE
(I,We), the undersigned being the projinformation submitted on the subject  Signature of Property Owner or Authorize  Note: Approval of this request does not of  OFFICE USE ONLY  Date Received:  Received by Member of Staff:  (Initials)  COPY OF PLOT PLAN OR A  NOTARIZED AUTHORIZAT	Perty owner/authorized representative, hereby certify that the application and any applicable documents is true and accurate.    3 - 2   23     20   23     20   20     20   20     20   20     20   20

Mission Statement

Gaston County seeks to be among the finest counties in North Carolina. It will provide effective, efficient and affordable services leading to a safe, secure and healthy community, an environment for economic growth, and promote a favorable quality of life.