



# 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) 866-3908

## CONDITIONAL DISTRICT ZONING (CD) APPLICATION

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

Application Number: CD **REZ-23-04-03-00149**

**A.**

### APPLICANT INFORMATION

Name of Applicant: MBI CAROLINAS

Mailing Address: 509 CATAWBA POINT WAY

Telephone Numbers: 803-792-5229

(Print Full Name)

(Include City, State and Zip Code)

(Area Code) Business

(Area Code) Home

**B.**

### OWNER INFORMATION

Name of Owner: MBI CAROLINAS

Mailing Address: 509 CATAWBA POINT WAY

Telephone Numbers: 803-792-5229

(Print Full Name)

(Include City, State and Zip Code)

(Area Code) Business

(Area Code) Home

**C.**

### PROPERTY INFORMATION

Physical Address or General Street Location of Property: 509 & 505 CATAWBA POINT WAY BELMONT NC 28012

Property Identification Number (PID): 207367 & 207358

Acreage of Parcel: COMBINED - 2.731

+/-

Acreage to be Rezoned: 2.731

+/-

Current Zoning: R-2 with US overlay

Proposed Zoning: CD-C-1 with US overlay

Current Use: RESIDENTIAL

Proposed Use(s): MINI WAREHOUSE, WAREHOUSE, AND C-1 BY-RIGHT

**D.**

### ADDITIONAL INFORMATION REQUIRED

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

- ☐ PIM 1st. Meeting Date: 5/16/2023  
☐ PIM 2nd. Meeting Date: 5/17/2023  
☐ PIM Comments to Planning \_\_\_\_\_

**E.**

### CONDITIONS SET FORTH BY APPLICANT

CONDITIONS AS SHOWN ON CONDITIONAL REZONING SITE PLAN

**F.**

### APPLICATION CERTIFICATION

(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 of property owner or authorized representative

Date

FOR OFFICIAL USE ONLY

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Date Received: 04-03-2023

Application Number: REZ-23-04-03-00149

Fee: \$1295

Received by Member of Staff: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

(Ink)