



GASTON COUNTY Department of Building & 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

CONDITIONAL ZONING (CD) APPLICATION

Complete by either typing or printing legibly

Application Number: **REZ** 23-08-02-00158

A.

APPLICANT INFORMATION

Name of Applicant: Thomas Springs

Thomas Worth Springs III
(Print Full Name)

Mailing Address: 400 W. Catawba Ave. Mount Holly, NC 28120

Telephone Numbers: 704-827-7791

(Include City, State and Zip Code)

N/A

(Area Code) Business

(Area Code) Home

B.

OWNER INFORMATION

Name of Owner: Thomas Springs

Thomas Worth Springs III
(Print Full Name)

Mailing Address: 400 W. Catawba Ave. Mount Holly, NC 28120

Telephone Numbers: 704-827-7791

(Include City, State and Zip Code)

N/A

(Area Code) Business

(Area Code) Home

C.

PROPERTY INFORMATION

Physical Address or General Street Location of Property: 400 W. Catawba Ave. Mount Holly, NC 28120

Property Identification Number (PID): 181214, 180092, 202690, 181227, 202122, 225689, 199264, 181225, 210290

Acreage of Parcel: 135.67

+/-

Acreage to be Rezoned: 135.67

+/-

Current Zoning: R-1, R-12

Proposed Zoning: RS-8 (CD)

Current Use: Residential

Proposed Use(s): Residential

D.

ADDITIONAL INFORMATION REQUIRED

- ☐ Copy of Site Plan
☐ Copy of Deed
☐ Notarized Authorization
☐ Payment of Fee

- ☐ PIM 1st. Meeting Date: _____
☐ PIM 2nd. Meeting Date: _____
☐ PIM Comments to Planning _____

E.

CONDITIONS SETFORTH BY APPLICANT

See site plan sheet RZ-2 for list of conditions.

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.

Thomas Worth Springs III
Signature of property owner or authorized representative

4-29-25
Date

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

Date Received: _____ Application Number: REZ _____

Fee: _____

Received by (Staff): _____
(Initial)

Meetings - Planning Board: _____ / BOC: _____



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A.

APPLICANT INFORMATION

Name of Applicant: Thomas Springs Thomas Worth Springs III
(Print Full Name)
Mailing Address: 400 W. Catawba Ave. Mount Holly, NC 28120
(Include City, State and Zip Code)
Telephone Numbers: 704-827-7791 (Area Code) Business N/A (Area Code) Home

B.

OWNER INFORMATION

Name of Owner: Hollyday Havens LLC
(Print Full Name)
Mailing Address: 706 W. Catawba Ave., Mount Holly, NC 28054
(Include City, State and Zip Code)
Telephone Numbers: (Area Code) Business N/A (Area Code) Home

C.

PROPERTY INFORMATION

Physical Address or General Street Location of Property: 400 W. Catawba Ave. Mount Holly, NC 28120
Property Identification Number (PID): 181214, 180092, 202690, 181227, 202122, 225889, 199264, 181225, 210290
Acreage of Parcel: 135.67 +/- Acreage to be Rezoned: 135.67 +/-
Current Zoning: R-1, R-12 Proposed Zoning: RS-8 (CD)
Current Use: Residential Proposed Use(s): Residential

D.

ADDITIONAL INFORMATION REQUIRED

- | | |
|--|---|
| <input type="checkbox"/> Copy of Site Plan | <input type="checkbox"/> PIM 1st. Meeting Date: _____ |
| <input type="checkbox"/> Copy of Deed | <input type="checkbox"/> PIM 2nd. Meeting Date: _____ |
| <input type="checkbox"/> Notarized Authorization | <input type="checkbox"/> PIM Comments to Planning _____ |
| <input type="checkbox"/> Payment of Fee | |

E.

CONDITIONS SET FORTH BY APPLICANT

See site plan sheet RZ-2 for list of conditions.

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.

Kimberly J. James 4-29-25
Signature of property owner or authorized representative (Manager of Hollyday Havens) Date
FOR OFFICIAL USE ONLY FOR OFFICIAL USE ONLY FOR OFFICIAL USE ONLY

Date Received: _____ Application Number: REZ _____ Fee: _____
Received by (Staff): _____ Meetings - Planning Board: _____ / BOC: _____
(Initial)



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Application Number: **REZ** 23-08-02-00158

A.

APPLICANT INFORMATION

Name of Applicant: Thomas Springs Thomas Worth Springs III

(Print Full Name)

Mailing Address: 400 W. Catawba Ave. Mount Holly, NC 28120

(Include City, State and Zip Code)

Telephone Numbers: 704-827-7791 N/A

(Area Code) Business

(Area Code) Home

B.

OWNER INFORMATION

Name of Owner: Westview LTD/Howard F. Walls Revocable Trust

(Print Full Name)

Mailing Address: 1922 Connemara Ct., Gastonia, NC 28054

(Include City, State and Zip Code)

Telephone Numbers: 704-460-4101 N/A

(Area Code) Business

(Area Code) Home

C.

PROPERTY INFORMATION

Physical Address or General Street Location of Property: 400 W. Catawba Ave. Mount Holly, NC 28120

Property Identification Number (PID): 181214, 180092, 202690, 181227, 202122, 225889, 199264, 181225, 210290

Acreage of Parcel: 135.67 +/- Acreage to be Rezoned: 135.67 +/-

Current Zoning: R-1, R-12 Proposed Zoning: RS-8 (CD)

Current Use: Residential Proposed Use(s): Residential

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CONDITIONS SETFORTH BY APPLICANT

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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.

Merodii Walls Bohi
Signature of property owner or authorized representative

4-29-25
Date

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

Date Received: _____ Application Number: REZ _____ Fee: _____

Received by (Staff): _____ Meetings - Planning Board: _____ / BOC: _____

(Initial)



GASTON COUNTY
BUILDING AND DEVELOPMENT SERVICES

GASTON COUNTY BUILDING AND DEVELOPMENT SERVICES

Street Address: 128 W. Main Ave. Gastonia, NC 28052
Mailing Address: PO BOX 1578, Gastonia, NC 28053
Phone: 704.866.3155

PUBLIC HEARING CONSENT FORM

To: Gaston County Board or Commissioners and Appointed Board Members

From: Hollyday Havens LLC

Regarding Case ID: REZ-23-08-02-00158

I, Kimberley James manager of Hollyday Havens LLC, being the property owner
of parcel(s) 181223 + 210290, give consent to
MT Land, LLC to act on my behalf in applying for the
case requiring a public hearing mentioned above.

Kimberley James 4-29-25

Signature (owner)

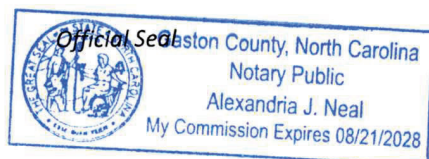
Date

North Carolina
Gaston County

I, Alexandria J. Neal, a Notary Public for the said County and State, do hereby certify
that Kimberley James as personally appeared before me this day and
acknowledged that: manager of Hollyday Havens

1. He/She/They is the rightful property owner of the subject parcel for the referenced case.
2. He/She/They is allowing the applicant of said case to act on their behalf in all proceedings involved with the referenced case.

Sworn to (or affirmed) and subscribed before me this 29 day of April, 20 25.



Alexandria J. Neal

Signature of Notary Public

My commission expires 8/21/28, 20



GASTON COUNTY BUILDING AND DEVELOPMENT SERVICES

Street Address: 128 W. Main Ave. Gastonia, NC 28052
Mailing Address: PO BOX 1578, Gastonia, NC 28053
Phone: 704.866.3155

PUBLIC HEARING CONSENT FORM

To: Gaston County Board or Commissioners and Appointed Board Members

From: Westview LTD

Regarding Case ID: REZ-23-08-02-00158

I, Merodie Walls Bolin, being the property owner
of parcel(s) 181214, give consent to
Tom Springs to act on my behalf in applying for the
case requiring a public hearing mentioned above.

Merodie Walls Bolin 4-29-25

Signature (owner)

Date

North Carolina
Gaston County

I, Carrie C. Bumgarner, a Notary Public for the said County and State, do hereby certify
that Merodie Walls Bolin personally appeared before me this day and
acknowledged that:

1. He/She/They is the rightful property owner of the subject parcel for the referenced case.
2. He/She/They is allowing the applicant of said case to act on their behalf in all proceedings involved with the referenced case.

Sworn to (or affirmed) and subscribed before me this 29th day of April, 2025.

Official Seal



Carrie C. Bumgarner

Signature of Notary Public

My commission expires January 24, 2029



GASTON COUNTY BUILDING AND DEVELOPMENT SERVICES

Street Address: 128 W. Main Ave. Gastonia, NC 28052
Mailing Address: PO BOX 1578, Gastonia, NC 28053
Phone: 704.866.3155

PUBLIC HEARING CONSENT FORM

To: Gaston County Board or Commissioners and Appointed Board Members

From: Howard R Walls Revocable Trust

Regarding Case ID: REZ-23-08-02-0015

I, Merodie Walls Bolin, being the property owner
of parcel(s) 180092, give consent to
Tom Springs to act on my behalf in applying for the
case requiring a public hearing mentioned above.

Merodie Walls Bolin 4-29-25

Signature (owner)

Date

North Carolina
Gaston County

I, Carrie C. Bumgarner, a Notary Public for the said County and State, do hereby certify
that Merodie Walls Bolin personally appeared before me this day and
acknowledged that:

1. He/She/They is the rightful property owner of the subject parcel for the referenced case.
2. He/She/They is allowing the applicant of said case to act on their behalf in all proceedings involved with the referenced case.

Sworn to (or affirmed) and subscribed before me this 29th day of April, 2025.

Official Seal



Carrie C. Bumgarner

Signature of Notary Public

My commission expires January 24, 2029