

Parcel:

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

GENERAL REZONING APPLICATION Application Number: REZ-			
App	olicant 💢 Planning Board (Administrative) 🗌 Board of Commission (Administrative) 📗 ETJ 📋		
COL	*APPLICANT INFORMATION Name of Applicant: JOHN Lewis Foul		
B.	Name of Owner: John Lewis Fould Mailing Address: 3317 HAWTHO Print Full Name) ANE Telephone Numbers: (704) 634-555 (Include City, State and Zip Code) (Area Code) Business (Area Code) Home Email: Fould Stand Stan		
C.	PROPERTY INFORMATION Physical Address or General Street Location of Property: 2320 SOUTH POINT RD BELLOND Parcel Identification (PID): 192177 Acreage of Parcel: 4-/- Acreage to be Rezoned: 4-/- Current Zoning: C 4 Current Use: LANDSCAPT NG SHOP Proposed Zoning: C-2		
D.	PROPERTY INFORMATION ABOUT MULTIPLE OWNERS Name of Property Owner: Mailing Address: Mailing Address: (Include City, State and Zip Code) Telephone: (Area Code) Name of Property Owner: Mailing Address: (Include City, State and Zip Code) Telephone: (Area Code)		

Parcel:

E. AUTHORIZATION AND CONSENT SECTION

Application and having authorization/interest of property parcel(s)	
hereby give JOHN TOYLK	consent to execute this proposed action
(Name of Applicant)	
John & Tolande	
(Signature)	(Date)
	×
(Signature)	(Date)
, Heather B Berthrong, a Nota	ry Public of the County of
State of North Carolina, hereby certify that John F	oulk Eximates
personally appeared before me this day and acknowledged the	due execution of the foregoing instrument.
Witness my hand and notarial seal, this the day o	
Notary Public Signature	July 21 20 24 ON COUNTING
(I/We), also agree to grant permission to allow employees of Gaston reasonable hours for the purpose of making Zoning Review.	
Please be advised that an approved general rezoning does not guar wastewater disposal system (septic tank). Though a soil analysis is and/or approval, the applicant understands a chance exists that the disposal system thus adversely limiting development choices/uses upon the service of the system.	not required prior to a general rezoning submittal
If the application is not fully completed, this will cause rejection please return the completed application to the Planning and De County Administrative Building located at 128 West Main Avenu	Velonment Services Donartment within the
APPLICATION CERTIF	TICATION
(I,We), the undersigned being the property owner/authoriz	ed representative, hereby certify that the
information submitted on the subject application and any	applicable documents is true and accurate.
al 1 toute	1/14/24
Signature of Property Owner or Authorized Representative	Date
Note: Approval of this request does not constitute a zoning permi	t. All requirements must be met within the UDO.
OFFICE USE ONLY OFFICE USE O	NLY OFFICE USE ONLY
Date Received: Application Number:	Fee:
Received by Member of Staff: Date of Payment:	Receipt Number:
COPY OF PLOT PLAN OR AREA MAP	COPY OF DEED
NOTARIZED AUTHORIZATION	PAYMENT OF FEE
Date of Staff Review:	ate of Public Hearing:
Planning Board Review: Recommendation:	
	Date: