



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 _____

A.

APPLICANT INFORMATION

Name of Applicant: Now Outreach, Inc
 Mailing Address: P.O. Box 1 Lowell NC 28098
 Telephone Numbers: 704-915-1132 704-915-1132

B.

OWNER INFORMATION

Name of Owner: JAY OLIVER
 Mailing Address: 510 Huffstetter Rd. GASTONIA NC 28056
 Telephone Numbers: 704-915-1132 704-915-1132

C.

PROPERTY INFORMATION

Physical Address or General Street Location of Property: 4914 Linwood Rd. Kings Mtn 28086
 Property Identification Number (PID): 154004
 Acreage of Parcel: 52.93 +/- Acreage to be Rezoned: 52.93 +/-
 Current Zoning: C1 Proposed Zoning: Conditional Zoning CD
 Current Use: Retreat Center Proposed Use(s): Retreat Center, Sporting Facility, Amusement Park, camping and Rec Vehicle Park, Church

D.

ADDITIONAL INFORMATION REQUIRED

- ☐ Copy of Site Plan ☐ PIM 1st. Meeting Date: NOV 19 JAN 28
☐ Copy of Deed ☐ PIM 2nd. Meeting Date: NOV 14 Feb 11
☐ Notarized Authorization ☐ PIM Comments to Planning NOV 08 Feb 28
☐ Payment of Fee

E.

CONDITIONS SETFORTH BY APPLICANT

I would like to be able to use park model cabins, stick built building, metal building, etc. in the future for different types of construction. Also there are other areas of the parcel that can be developed in the future

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]
 Signature of property owner or authorized representative

02-03-25
 Date

FOR OFFICIAL USE ONLY

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