



# 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: **Z**

Applicant  Planning and Zoning Board (Administrative)  Board of Commission (Administrative)  ETJ

### A. \*APPLICANT INFORMATION

Name of Applicant: McLean Self Storage, LLC  
(Print Full Name)

Mailing Address: 5910 S New Hope Road, Belmont, NC 28012  
(Include City, State and Zip Code)

Telephone Numbers: 704-829-3365 704-913-2788  
(Area Code) Business (Area Code) Home

Email: mcleanhomesinc@gmail.com

*\* If the applicant and property owner(s) are not the same Individual or group, the Gaston County Zoning Ordinance requires written consent form from the property owner(s) or legal representative authorizing the Rezoning Application. Please complete the Authorization/Consent Section on the reverse side of the application.*

### B. OWNER INFORMATION

Name of Owner: \_\_\_\_\_  
(Print Full Name)

Mailing Address: \_\_\_\_\_  
(Include City, State and Zip Code)

Telephone Numbers: \_\_\_\_\_  
(Area Code) Business (Area Code) Home

Email: \_\_\_\_\_

### C. PROPERTY INFORMATION

Physical Address or General Street Location of Property: 298 Gaither Road, Belmont, NC 28012 (189855)  
296 Gaither Road, Belmont, NC 28012 (189856), 0 Gaither Road, Belmont, NC 28012 (221533)

Parcel Identification (PID): 189855, 189856, and 221533

Acreage of Parcel: 15.82 +/- Acreage to be Rezoned: 11.42 +/- Current Zoning: County R1 & C3, Belmont RR

Current Use: Residential, Storage, Vacant Proposed Zoning: County C-3

### D. PROPERTY INFORMATION ABOUT MULTIPLE OWNERS

Name of Property Owner: \_\_\_\_\_ Name of Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
(Include City, State and Zip Code) (Include City, State and Zip Code)

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Area Code) (Area Code)

Parcel: \_\_\_\_\_ Parcel: \_\_\_\_\_  
(If Applicable) (If Applicable)

\_\_\_\_\_  
(Signature) (Signature)

**E. AUTHORIZATION AND CONSENT SECTION**

(I/We), being the property owner(s) or heir(s) of the subject property referenced on the **Gaston County Rezoning Application** and having authorization/interest of property parcel(s) \_\_\_\_\_ hereby give \_\_\_\_\_ consent to execute this proposed action.  
(Name of Applicant)

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)  
\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)

I, \_\_\_\_\_, a Notary Public of the County of \_\_\_\_\_ State of North Carolina, hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and notarial seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature \_\_\_\_\_ Commission Expiration

(I/We), also agree to grant permission to allow employees of Gaston County to enter the subject property during reasonable hours for the purpose of making **Zoning Review**.

Please be advised that an approved general rezoning does not guarantee that the property will support an on site wastewater disposal system (septic tank). Though a soil analysis is not required prior to a general rezoning submittal and/or approval, the applicant understands a chance exists that the soils may not accommodate an on site wastewater disposal system thus adversely limiting development choices/uses unless public utilities are accessible.

If the application is not fully completed, this will cause rejection or delayed review of the application. In addition, please return the completed application to the Planning and Development Services Department within the County Administrative Building located at 128 West Main Avenue, Gastonia, NC 28052.

**APPLICATION CERTIFICATION**

(I, We), the undersigned being the property owner/authorized representative, hereby certify that the information submitted on the subject application and any applicable documents is true and accurate.

\_\_\_\_\_  
Signature of Property Owner or Authorized Representative \_\_\_\_\_ 9/16/25  
Date

Note: Approval of this request does not constitute a zoning permit. All requirements must be met within the UDO.

**OFFICE USE ONLY**

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Date Received: \_\_\_\_\_ Application Number: \_\_\_\_\_ Fee: \_\_\_\_\_

Received by Member of Staff: \_\_\_\_\_ Date of Payment: \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
(Initials)

- COPY OF PLOT PLAN OR AREA MAP
- NOTARIZED AUTHORIZATION
- COPY OF DEED
- PAYMENT OF FEE

Date of Staff Review: \_\_\_\_\_ Date of Public Hearing: \_\_\_\_\_

Planning Board Review: \_\_\_\_\_ Recommendation: \_\_\_\_\_ Date: \_\_\_\_\_

Commissioner's Decision: \_\_\_\_\_ Date: \_\_\_\_\_