



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: TKC Land Development II, LLC (Print Full Name)
Mailing Address: 4500 Cameron Valley Pkwy, Suite 400 Charlotte, NC 28211 (Include City, State and Zip Code)
Telephone Numbers: 704-365-6000 (Area Code) Business (Area Code) Home

B.

OWNER INFORMATION

Name of Owner: Christian Valencia (Print Full Name)
Mailing Address: 2749 Smethwick Lane Gastonia, NC 28056 (Include City, State and Zip Code)
Telephone Numbers: 704-524-8337 (Area Code) Business (Area Code) Home

C.

PROPERTY INFORMATION

Physical Address or General Street Location of Property: 5070 Lewis Rd
Property Identification Number (PID): 142861 and 142862
Acreage of Parcel: 1.45 +/- Acreage to be Rezoned: 1.45 +/-
Current Zoning: Residential Proposed Zoning: CD/C-1 Light Commercial Conditional District
Current Use: Vacant Proposed Use(s): Retail

D.

ADDITIONAL INFORMATION REQUIRED

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

E.

CONDITIONS SET FORTH BY APPLICANT

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
TKC Land Development II, LLC, Kenneth R. Beuley, Authorized Member

4/28/25
Date

FOR OFFICIAL USE ONLY

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