

GASTON COUNTY Department of Building & Development Services

Street Address:

128 W. Main Avenue, Gastonia, North Carolina 28052

Mailing Address: P.O. Box 1578, Gastonia, N.C. 28053-1578

Phone: (704) 866-3195 Fax: (704) 866-3966

GE	NERAL REZ	ONING APPLICATION	Application Number: REZ-			
Арр	licant 🔀 Pla	nning Board (Administrative)	Board of Commission (Administrative)			
A.	*APPLICANT I	NFORMATION				
	Name of Applicar	nt: Old Well B3 LLC				
		(Print Full Name)				
	Mailing Address:	Mailing Address: 2349 Plastics Drive, Suite 100, Gastonia, NC 28054				
(Include City, State and Zip Code) Telephone Numbers:						
		(Area Code) Business	(Area Code) Home			
	Email: shuaib@	cougarinc.net				
con	sent form from the pro		al or group, the Gaston County Zoning Ordinance requires written authorizing the Rezoning Application. Please complete the ation.			
B.	OWNER INFOR	RMATION				
	Name of Owner:	Old Well B3 LLC				
	Mailing Address:	(Print Full Name) Mailing Address: 2349 Plastics Drive, Suite 100, Gastonia, NC 28054				
	(Include City, State and Zip Code)					
	Telephone Number					
	Email: shuaib@	(Area Code) Business cougarinc.net	(Area Code) Home			
C.	PROPERTY INFORMATION					
	Physical Address or General Street Location of Property: 2323-B South Point Road, Belmont, NC 28012					
	Parcel Identification					
	Acreage of Parcel: 4.004 +/- Current Zoning: C-1					
	Current Use: Trail	er, RV and Boat Storage (approved non-confor	Proposed Zoning: C-3			
D.	PROPERTY INFORMATION ABOUT MULTIPLE OWNERS					
	Name of Property Own	er:	Name of Property Owner:			
	Mailing Address:		Mailing Address:			
	-	(Include City, State and Zip Code)	(Include City, State and Zip Code)			
	Telephone: (Area Code)		Telephone:			
	Parcel;	(If Applicable)	Parcel (if Applicable)			

(Signature)

(Signature)

E. AUTHORIZATION AND CONSENT SECTION

(I/We), being the property owner(s) or heir(s) of Application and having authorization/interest			oning
hereby give	,	consent to execute this p	proposed action
Hereby give	me of Applicant)	1/27/25 (Date)	roposed delion.
(Signature)		(Date)	
State of North Carolina, hereby certify that personally appeared before me this day at Witness my hand and notarial seal, this the Notary Public Signature	d Kolkhany Sh nd acknowledged the due	execution of the foregoing instrument 2096	NOTARL MY COMMISSION EXPIRES OM/03/2029
(I/We), also agree to grant permission to allow reasonable hours for the purpose of making Zo		unty to enter the subject property du	ring
Please be advised that an approved general rewastewater disposal system (septic tank). Tho and/or approval, the applicant understands a disposal system thus adversely limiting development.	ezoning does not guarante ugh a soil analysis is not rechance exists that the soils	equired prior to a general rezoning s may not accommodate an on site w	submittal
If the application is not fully completed, this please return the completed application to County Administrative Building located at 1	the Planning and Develo	pment Services Department withi	
APPL	ICATION CERTIFICA	ATION	
(I,We), the undersigned being the proint information submitted on the subject Signature of Properly Owner or Author. Note: Approval of this request does not desired.	application and any app	licable documents is true and account of the lice of t	curate.
OFFICE USE ONLY	OFFICE USE ONL	Y OFFICE US	EONLY
Date Received:	_ Application Number:	Fee:	
Received by Member of Staff:(Initials)	Date of Payment:	Receipt Number:	
COPY OF PLOT PLAN OR		COPY OF DEED PAYMENT OF FEE	
Date of Staff Review:	Date o	f Public Hearing:	
Planning Board Review:			
Commissioner's Decision:	Dat	e;	