

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

\pp	licant Planning Board (Administrativ	re) Board of Commission (Administrative) ETJ	
Α.	*APPLICANT INFORMATION		
	Name of Applicant: Gaston County Plann	ning Board	
		(Print Full Name)	
	Mailing Address: 128 West Main Avenue		
	Telephone Numbers: (704)866-3195	(Include City, State and Zip Code)	
	(Area Code) But	siness (Area Code) Home	
	Email:		
coi Au	nsent form from the property owner(s) or legal repre thorization/Consent Section on the reverse side of t	e Individual or group, the Gaston County Zoning Ordinance requires written esentative authorizing the Rezoning Application. Please complete the the application.	
3.	OWNER INFORMATION	V / - V - W - L - 4 (5-K) - 3	
	Name of Owner:	Various (see attached listing) (Print Full Name)	
	Mailing Address:	(Finit Full Hains)	
	(Include City, State and Zip Code)		
	Telephone Numbers:		
		About Codel Marie	
	Telephone Numbers:(Area Code) But	siness (Area Code) Home	
c.	(Area Code) But Email: PROPERTY INFORMATION	n of Property: Various (see attached maps)	
c.	PROPERTY INFORMATION Physical Address or General Street Location Parcel Identification (PID): Multiple	n of Property: Various (see attached maps)	
c.	PROPERTY INFORMATION Physical Address or General Street Location Parcel Identification (PID): Multiple Acreage of Parcel: 7327.06 +/- Acreage	n of Property: Various (see attached maps) e to be Rezoned: 5018.44 +/- Current Zoning: Various	
c.	PROPERTY INFORMATION Physical Address or General Street Location Parcel Identification (PID): Multiple	n of Property: Various (see attached maps)	
	PROPERTY INFORMATION Physical Address or General Street Location Parcel Identification (PID): Multiple Acreage of Parcel: 7327.06 +/- Acreage Current Use: Various Uses	n of Property: Various (see attached maps) e to be Rezoned: 5018.44 +/- Current Zoning: Various Proposed Zoning: Various	
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E. AUTHORIZATION AND CONSENT SECTION

	consent to execute this proposed action		
(Name of Applicant)			
(Signature)	(Date)		
	(555)		
(Signature)	(Date)		
l,, a M	lotary Public of the County of		
State of North Carolina, hereby certify that			
personally appeared before me this day and acknowledged t	the due execution of the foregoing instrument.		
Witness my hand and notarial seal, this the da	ny of, 20		
Notary Public Signature	Commission Expiration		
(We), also agree to grant permission to allow employees of Gaston County to enter the subject property during easonable hours for the purpose of making Zoning Review.			
ease return the completed application to the Planning and ounty Administrative Building located at 128 West Main Av			
APPLICATION CER	TIFICATION		
APPLICATION CER (I,We), the undersigned being the property owner/authoring information submitted on the subject application and a	prized representative, hereby certify that the		
(I,We), the undersigned being the property owner/author	prized representative, hereby certify that the		
(I,We), the undersigned being the property owner/authorinformation submitted on the subject application and a	prized representative, hereby certify that the		
(I,We), the undersigned being the property owner/autho	Dacember 13, 262		
(I,We), the undersigned being the property owner/authorinformation submitted on the subject application and a subject appl	December 13, 252/ Date Description of the control		
(I,We), the undersigned being the property owner/authorinformation submitted on the subject application and a subject appl	December 13,737/ Date Permit. All requirements must be met within the UDO. DOLLY OFFICE USE ONLY		
(I,We), the undersigned being the property owner/authorinformation submitted on the subject application and a subject appl	Docember 13, 757/ Date Description of the control		
(I,We), the undersigned being the property owner/authorinformation submitted on the subject application and a subject appl	December 3, 757/ Date Permit. All requirements must be met within the UDO. E ONLY Fee:N/A		
(I,We), the undersigned being the property owner/authorinformation submitted on the subject application and a Signature of Property owner or Authorized Representative Note: Approval of this request does not constitute a zoning per OFFICE USE ONLY Date Received: Application Number: Received by Member of Staff: Date of Payment: (Initials) COPY OF PLOT PLAN OR AREA MAP NOTARIZED AUTHORIZATION	December 3, 262/ Date December 3, 262/ Date December 3, 262/ Date December 8, 262/ Da		
(I,We), the undersigned being the property owner/authorinformation submitted on the subject application and a subject appl	Dacember 3, 252 Date Date The prize of		