

GASTON COUNTY Department of Building & Development Services

Street Address: Mailing Address: 128 W. Main Avenue, Gastonia, North Carolina 28052

P.O. Box 1578, Gastonia, N.C. 28053-1578

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

GE	NERAL REZONING APPLICATIO	N Application Number: REZ-		
Арр	licant Planning Board (Administrative)	Board of Commission (Administrative) ETJ		
A.	*APPLICANT INFORMATION Name of Applicant:			
		(Print Full Name)		
	Mailing Address:	(Include City, State and Zip Code)		
	Telephone Numbers: (Area Code) Busine	ss (Area Code) Home		
	Email:			
cor		dividual or group, the Gaston County Zoning Ordinance requires written tative authorizing the Rezoning Application. Please complete the application.		
В.	OWNER INFORMATION			
	Name of Owner:	(Print Full Name)		
	Mailing Address:	,		
	Telephone Numbers:	(Include City, State and Zip Code)		
	(Area Code) Busine			
	Email:			
C.	PROPERTY INFORMATION			
	Physical Address or General Street Location of	Property:		
	Parcel Identification (PID):			
	Acreage of Parcel: +/- Acreage to	be Rezoned: +/- Current Zoning:		
	Current Use:	Proposed Zoning:		
D.	PROPERTY INFORMATION ABOUT N	IULTIPLE OWNERS		
	Name of Property Owner:	Name of Property Owner:		
	Mailing Address:			
	(Include City, State and Zip Code)	(Include City, State and Zip Code)		
	Telephone: (Area Code)	Telephone: (Area Code)		
	Parcel: (If Applicable)	Parcel: (If Applicable)		
	(Signature)	(Signature)		

E. AUTHORIZATION AND CONSENT SECTION

reby give			consent to execute this proposed activ
	(Name of A	Applicant)	
	(Signature)		(Date)
	(Signature)		(Date)
l,		, a Notary Publi	c of the County of
State of North Carolina,	hereby certify that		
personally appeared bef	fore me this day and ac	knowledged the due exe	ecution of the foregoing instrument.
Witness my hand and no	otarial seal, this the	day of	
Notar	y Public Signature		Commission Expiration
We), also agree to grant passonable hours for the pur			to enter the subject property during
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