GASTON COUNTY *Department of Planning & Development Services*

Street Address: 128 W. Main Avenue, Gastonia, North Carolina 28052 Phone: (704) 866-3195
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PARALLEL CONDITIONAL USE APPLICATION

Complete by either typing or printing legibly in black or blue ink

Application Number: PCUP _____

A. * APPLICANT INFORMATION

Name of Applicant: _____
(Print Full Name)

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

Telephone Numbers: _____ _____
(Area Code) Business (Area Code) Home

** If the applicant and property owner are not the same individual or group, the Gaston County Zoning Ordinance requires written consent from the property owner or legal representative authorizing the Rezoning Application. An Authorization/Consent Form is a separate form, and shall be notarized. In addition, if there are additional property owners, please provide a list of those names with a complete mailing address including city, state and zip code along with a telephone number including area code.*

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

C. PROPERTY INFORMATION

Physical Address or General Street Location of Property: _____

Property Identification Number (PIN): _____

Acreage of Parcel: _____ +/- Acreage to be Rezoned: _____ +/-

Current Zoning: _____ Proposed Zoning: _____

Current Use: _____ Proposed Use(s): _____

See Reverse Side For Completion of Required Additional Sections

D. BURDEN OF PROOF

Section 5.16

Section 5.16.4 - F.2 Parallel Conditional Use District Burden of Proof

a. The applicant has the burden of producing competent, material and substantial evidence tending to establish the facts and conditions that Subsections b(ii) and b(iv) below require. If any person submits competent, material, and substantial evidence allegedly contrary to any of the facts or conditions listed in Subsections i and iii below, the burden of proof for overcoming such evidence shall rest with the applicant.

b. The Board of Commissioners may only issue a conditional use permit if it has evaluated an application and found each of the following findings of fact in the affirmative:

i. The use will not materially endanger the public health or safety if located where proposed and developed according to plan; _____

_____

ii. The use meets all required conditions and specifications; _____

_____

iii. The use will not substantially injure the value of adjoining or abutting property unless the use is a public necessity; _____

_____ ; and

iv. The location and character of use, if developed according to the plan as submitted and approved, will be in harmony with the area in which it is to be located and will be in general conformity with the adopted Land Use Plan and other plans for the physical development of the County as adopted by the Board of Commissioners. _____

_____

E. CONDITIONS SETFORTH 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 of property owner or authorized representative Date

_____ *Please initial that you understand a recording fee for the Gaston County Register of Deeds will be required upon approval.*

FOR OFFICIAL USE ONLY

Date Received: _____ Application Number: PCUP:_____ Fee:_____

Received by Member of Staff: _____ Date of Payment:_____ Receipt Number:_____

(Initials)

☐ Copy of Plot Plan or Area Map ☐ Copy of Deed ☐ Notarized Authorization ☐ Payment of Fee