



Gaston County
Building Services Department
 128 W. Main Ave.
 Gastonia, NC 28052
 704-866-3075

LAND USE SERVICES
Commercial Site Plan Review
Application

Owner Information	Applicant Information
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Project Physical Address

Address: _____
 City _____ State _____ Zip Code: _____

Type of Construction / Locational / Zoning Details

New Construction	<table border="1"> <tr> <td>PID#(s)</td> <td>_____</td> </tr> <tr> <td>Zoning</td> <td>_____</td> </tr> <tr> <td>Flood Plain</td> <td>Y or N</td> </tr> <tr> <td>Watershed</td> <td>Y or N</td> </tr> <tr> <td colspan="2">District Title: _____</td> </tr> </table>	PID#(s)	_____	Zoning	_____	Flood Plain	Y or N	Watershed	Y or N	District Title: _____	
PID#(s)		_____									
Zoning		_____									
Flood Plain		Y or N									
Watershed	Y or N										
District Title: _____											
Building Addition											
Accessory Building											
Change of Use											

Plan packet will need to include the following:

Cover sheet
 Site Plan
 Building Floor Plans/Layouts
 Landscape Plan

Project Details				Sign Restrictions									
Proposed Setbacks				Proposed Details:									
Front	_____	#Buildings	_____	Signage plan drawings Y or N									
Rear	_____	#Employees	_____	<table border="1"> <tr> <td>Type</td> <td>_____</td> </tr> <tr> <td># of Signs</td> <td>_____</td> </tr> <tr> <td>Area</td> <td>_____</td> </tr> <tr> <td>Illumination</td> <td>_____</td> </tr> </table>		Type	_____	# of Signs	_____	Area	_____	Illumination	_____
Type	_____												
# of Signs	_____												
Area	_____												
Illumination	_____												
Left Side	_____	#Parking Spaces	_____										
Right Side	_____	FIRM Panel#	_____										
Width @ Building Line	_____	FIRM Panel Date	_____										
Height	_____	Disturbed Acreage	_____										
Total lot acreage	_____												

Utilities

Septic Well Comm. Septic Comm. Well City Sewer City Water

I, the undersigned, hereby certify that I am the owner or authorized agent and will comply with all applicable laws regulating the work being permitted. I have also received a copy of this document and understand it is my responsibility to inform Gaston County Building Services Department of any changes that are made to the work that is outlined in this permit. I further understand that all inspection requests area to be made by me or my agent. Lastly, I understand that this permit will become null and void in 6 months (180 days) from the date issued if work on the project has not started.

 Signature of Owner/Contractor

Date: _____