

**APPLICATION FOR REVIEW BY PLANNING COMMISSION
FOR FAMILY DAY CARE HOMES
& HOME OCCUPATIONS
CITY OF MOUNT HOLLY, NORTH CAROLINA**

Date Filed: _____ Application Number: _____

I, the undersigned, do hereby respectfully make a formal application for your review of my request concerning the property described below:

1. The real property, sought for review, is located at/on _____ on the Left or Right side of the _____
(physical address) (circle one) (street)
between _____ and _____, and has a Tax
(street) (street)

Listing of: Tax Parcel ID # _____. Said lot(s) has (have) a frontage of _____ feet and is approximately _____ acres in size. The property is zoned _____.

2. The property is owned by: _____
Owner's Address: _____

3. The following is requested:

- _____ 1. Family Day Care Home (Five (5) or Fewer; Review by BOA)
- _____ 2. Home Occupation (Such as a One Chair Barber Shop)

For (Give Specific, Detailed Reason): _____

4. The following is a list of all the properties adjacent to the subject property including the owners' name(s) and address and tax book, map, and parcel number of each lot as shown on the Gaston County Tax Maps. Adjacent properties are considered all those immediately or diagonally adjacent to the subject property, including any properties immediately across any creeks, rivers, railroads, highways or other natural or man-made barriers. Please include additional attachment if necessary:

<u>Tax Listing</u>	<u>Owner's Name</u>	<u>Owner's Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Phone Number

_____ Signature of Applicant

INSTRUCTIONS: Applications must be TYPED or LEGIBLE and filed with the City of Mount Holly Planning and Zoning Department, together with the application fee in the amount of (**See Fee Schedule**) at least 20 days prior to the Planning Commission meeting for initial consideration.