



MAJOR SUBDIVISION - CONSTRUCTION PLAN

Subdivision Name: _____

Property Owner/Applicant:

Surveyor / Engineer:

Name: _____

Name: _____

Address: _____

Company Name: _____

Address: _____

Phone: (W) _____

Phone: (W) _____

(H) _____

(C) _____

(C) _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Parcel # (AKPAR): _____ P.I.N. # _____ Zoning District: _____

Flood Map # _____ Zone: _____ Watershed District: _____

Existing Access Road (S. R. # and name): _____

Phased Development/Development Schedule? YES [] NO []

Phases # _____

Total Acreage _____

Total # of Lots _____

Min. Lot Size (Acres) _____

Max. Lot Size _____

Avg. Lot Size _____

Exempt Lots (over 10 ac.) _____

Please attached a DETAILED Phasing Schedule or Development Schedule (for subdivisions consisting of 50 Lots or More).

Mixed-Use YES [] NO []

Multi-Family (Townhomes, Apts., etc.)

YES [] NO []

Proposed Number of Lots: Residential _____

Commercial _____

Other _____

If Other, Specify (i.e. recreation) _____

Are there historical structures located on the property that may be 50 years or older, i.e. cemetery, fences, chimneys, structures. Yes [] No [] If yes, type of structure(s) _____ and date and type of contact, i.e. on-site visit, telephone, letter, with Chatham County Historical Association: _____.

Type of Wastewater Disposal: Individual Septic [] Community Septic [] Public System []

Type of Water System: Individual Well [] Community Well(s) [] Public System []

Public Water System Name: _____

Public Wastewater System Name (ex. Aqua NC): _____

Type of Road: Private Length (mi.): _____ Public Length (mi.): _____

Road Surface: Paved Gravel Width of Road Surface (feet) _____

Type and Acreage of Other Facilities (ex. Recreation, Mixed-Use, Commercial, etc.):

PERMITS/APPROVALS REQUIRED: (copies of all required permits shall be included with Construction Plan submittal)

- | | | | |
|--|------------------------------|------------|------------------------------|
| NCDOT ROAD PLAN APPROVAL | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| NCDOT COMMERCIAL DRIVEWAY PERMIT | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| EROSION CONTROL PLAN APPROVAL | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| STORMWATER PLAN APPROVAL | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| NCDENR (401) WATER QUALITY CERT | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| U.S. ARMY CORPS OF ENGINEERS (404 STREAM IMPACT) | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| ROAD NAME REQUEST FORM | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| COUNTY PUBLIC WATER APPROVAL | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| STATE PUBLIC WATER APPROVAL (NCDENR) | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| NCDENR DWQ (WASTE WATER TREATMENT PLANT) | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| SOIL SCIENTIST REPORT | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |

OTHER:

Include one (1) paper copy and (1) electronic copy of all items above (see Digital Document Requirements) and 10 paper copies of Construction Plan (scale not to be more than 200 feet to 1 inch)

Signature of Property Owner/Applicant **Date**

For Staff Use Only

Date Received _____ By _____

Date Review Completed _____ Date Applicant Contacted _____

TRC Meeting Date: _____ Construction Plan Approval Date: _____