

Application Fee:

Chatham County Planning Department PO Box 54/80-A East Street Pittsboro, NC 27312

Ph: (919) 542-8204 Fax: (919) 542-2698

CHATHAM COUNTY APPLICATION FOR CHANGE IN GENERAL USE ZONING DISTRICTS

Applicant Information:		Landowner Information:		
NAME: Chatham County Alcoholic Beverage Contro	l Board	NAME: Lila Watson Heirs, P. Ryan Lockamy, Commissioner		
ADDRESS:11312 US Hwy 15-501, Suite 302	_	ADDRESS:3130 Hope Valley Road		
Chapel Hill, NC 27517	_	Durham, NC 27707		
CONTACT PH: (919)942-1142		CONTACT PH: (919)401-5913		
EMAIL: chatabc1@att.net		EMAIL: _ryan@lockamylaw.com		
PROPERTY IDENTIFICATION				
Physical (911) Address: Moncure Pittsboro Road		PARCEL (AKPAR) No.: 83475		
Township: Haw River	The same of the sa	0.80 Acreage to be Rezoned: 0.80 creage. Use exact acreage from tax record or survey)		
CURRENT ZONING DISTRICT/CLASSIFICATION:	R-5			
PROPOSED ZONING DISTRICT/CLASSIFICATION:				
R-1 Residential R-2 Residential R-5 Residential O & I Office & Institutional				
NB Neighborhood Business □ CB Community Business □ Regional Business □ IL Light Industrial				
☐ IH Heavy Industrial				
FEMA Flood Map Information:				
Flood Map No. : <u>3710967800L</u>	_ Map Da	ate: <u>11/17/2017</u> Flood Zone:X		
WATERSHED Information:				
Current Watershed Classification: RCSA		Within Jordan Lake Buffer Area: Yes No Unknown		
APPLICATION SUBMITTAL REQUIREMENTS				
Attach the following as required in Section 19.4.C of the zoning ordinance:				
Map of the property showing the parcel or portions thereof that are affected by this rezoning request. □ Written legal description of such land □ Any alleged error in the Ordinance, if any, which would be remedied by the proposed amendment □ The changed or changing conditions, if any, which make the proposed rezoning reasonably necessary □ The manner in which the proposed rezoning will carry out the intent and purpose of the adopted Land Use Plan or part thereof □ List all other circumstances, factors, and reason which the applicant offers in support of the proposed amendment □ All other information required on this application or as offered by the applicant in support of the request Please provide 16 sets of this application submittal with all supporting documentation, maps, summaries, etc. No application packets will be taken after 4pm. All fees must be paid at the time of application submittal. For the purposes of calculating this application fee, use the following:				
Landania and alkanaman and and alkanaman and and and and and and and and and a				

\$500.00 plus \$25/per acre (ex: \$25 x 1.42ac = \$35.50 plus \$500 = \$535.50 total fee)



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PLEASE SIGN THE MOST ACCURATE SIGNATURE OPTION BELOW (1, 2, OR 3)

(1) I hereby certify that I am the owner of information provided is complete and the			
The state of the s	statements given are to	2-24-19	uge.
Signature	· · · · · · · · · · · · · · · · · · ·	Date	
Matthew W. Williams, General Mai Print Name	nager, Chatham Co	unty Alcoholic Beverage (Control Board
The owner must sign the following if so	omeone other than th	e owner is making the ap	plication.
(2) I hereby certify that (please print) Chaagent for said property and is permitted by			s an authorized
Signature		Date	
P. Ryan Lockamy, Commissioner			
Print Name			
(3) I acknowledge that I am not the land			which this
(3) I acknowledge that I am not the land application is being made, but I do live with Signature			which this
application is being made, but I do live wit		the county.	which this
application is being made, but I do live wit		Date	which this
application is being made, but I do live wit	FOR OFFICE USE OF	Date	which this
Signature Print Name	FOR OFFICE USE OF	Date	
Signature Print Name Application No.: PL20 QG-1\Q	FOR OFFICE USE OF	Date	
Signature Print Name Application No.: PL20 106-10.	FOR OFFICE USE OF	Date ILY red: March	



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PLEASE SIGN THE MOST ACCURATE SIGNATURE OPTION BELOW (1, 2, OR 3)

(1) I hereby certify that <u>I am the owner or authorized</u> information provided is complete and the statements give	
Signature	Date
Matthew W. Williams, General Manager, Chath Print Name	am County Alcoholic Beverage Control Board
The owner must sign the following if someone other	than the owner is making the application.
(2) I hereby certify that (please print) Chatham County agent for said property and is permitted by me to file this Signature P. Ryan Lockamy, Commissioner Print Name (3) I acknowledge that I am not the landowner OR as application is being made, but I do live within the zoned	application. 2 26 19 Date The property for which this
Signature	Date
Print Name	
FOR OFFICE	USE ONLY
Payment Received: \$ 520. ®	te Received: 1 March 20 19 t Card
Planning Department	