

Chatham County Sustainable Communities Department & Chatham County Public Health Department

AUTHORIZED AGENT FOR LEGAL REPRESENTATION FORM

PROPERTY LEGAL DESCRIPTION:

LOT NO. _____ PARCEL ID (PIN) 12481 _____ PARCEL SIZE 272.08 acres _____

STREET ADDRESS: 468 Renaissance Dr, Pittsboro, NC 27312 _____

Please print:

Property Owner: Chatham County _____

Property Owner: _____

The undersigned, registered property owner(s) of the above noted property, do hereby authorize

Kayla Benard _____, of Pyramid Network Services, LLC _____
(Contractor / Agent) (Name of consulting firm if applicable)

to act on my behalf and take all actions necessary for the processing, issuance and acceptance of reviews, inspections, or permits and any and all standard and special conditions attached to these approvals. The activities authorized include the following (initial all that apply):

- DL Building Permit
- DL Zoning Compliance Permits
- DL Floodplain Determination
- DL Soil Erosion & Sedimentation Control Permit
- _____ Permits to install, repair, evaluate, or expand onsite wastewater system(s)
- _____ Evaluation/inspection/permitting of a private drinking water well(s).
- _____ Riparian Buffer Review pursuant to §304 of the Chatham Co. Watershed Protection Ordinance.
- DL Other: CUP application _____

Property Owner's Address (if different than property above):

12 East St, Pittsboro, NC 27312 _____

Telephone: 919-542-8200 _____

E-mail: lindsay.ray@chathamnc.org _____

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

[Signature]
Owner Authorized Signature

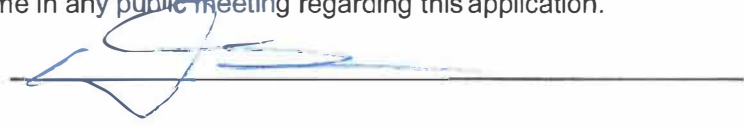
Date: _____

[Signature]
Agent Authorized Signature

Date: 7/14/2020 _____

SECTION D. SIGNATURE STATEMENTS

OWNER'S SIGNATURE*: In filing this application, I/we as the property owner(s), hereby certify that all of the information presented in this application is accurate to the best of my knowledge, information and belief. I hereby designate Kayla Benard to act on my behalf regarding this application, to receive and respond to administrative comments, to resubmit plans on my behalf and to speak for me in any public meeting regarding this application.

Signature: 

Date: _____

APPLICANT SIGNATURE: I hereby acknowledge that I am making this application on behalf of the above owner's statement or myself as the owner and that all the information presented in this application is accurate to the best of my knowledge, information, and belief. I acknowledge understanding of the requirements set out in this application and in the ordinances and/or guidelines used to determine the completeness of this submittal and to proceed as determined.

Signature: Kayla Benard 

Date: 7/14/2020

**Application Fee Calculation: \$500 + \$25 per actual acreage for new applications
\$300 for revisions to existing CUP approvals**

DO NOT ROUND UP ACREAGE

OFFICE USE ONLY:

<p>Date Application Received: _____</p> <p>Received By: _____</p> <p>Fee Paid: \$ _____</p> <p>Paid By: Check No. _____ Cash _____ Credit Card _____</p> <p>Planning Application No. PL _____</p>
