

Chatham County Planning Department

80-A East Street

P.O. Box 54, Pittsboro, NC 27312-0054

Phone: 919-542-8204

First Plat Review Fee: \$250.00 + \$50.00 per Lot

MAJOR SUBDIVISION - FIRST PLAT REVIEW APPLICATION

Proposed Subdivision Name: CHESTNU	TYZEEK	
Property Owner/Applicant:	Representative (Surveyor, I	Engineer, Etc.):
Name: KIRKT. METTY	Name:	
Address: 661 CEDAR GROVE BD	Company Name:	
PITTYBORD NC 27312	Address:	
Phone: (W)		
(H)	Phone: (W)	
(C) 919 235 2077	(C)	
Fax:		
Email: TUSCANGROUPINE EGUNIL.C.	Hmail:	
Who should staff contact (circle one)? Property Ow	vner/Applicant	Consultant
PROPOSAL Parcel # (AKPAR): 1439 P.I.N. # 9156	200/83914 Zoning Dis	trict: 107 N CHATHAM
Flood Map # 3710974600K Zone: P	1 Watershed D	istrict: WS - INPA JORDAN
Existing Access Road (S. R. # and name): 1540 -	JONES FERRY R	D
Total Acreage 49.15 Total # of Lots 1		e (Acres)
Max. Lot Size 7 AC Avg. Lot Size 3	.5 # Exempt Lo	ts (over 10 ac.)
Phased Development/Development Schedule? YES \Box	NO How Many P	Phases?
If Subdivision will be Phased or Developed under a Deve Phasing Schedule or Development Schedule (for subdivi		
Mixed-Use YES □ NO Multi-Famil	y (Townhomes, Apts., etc.)	YES 🗆 NO 🖻
Proposed Number of Lots: Residential 4	Commercial	Other
If Other, Specify (i.e. recreation)		
Wastewater Disposal: Individual Septic 🗹	Community Septic □	Public System □
Water System: Individual Well Com	munity Well(s)	Public System □
Public Water System Name:		- Control Control Control
Public Wastewater System Name (ex. Aqua NC):		

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Will New Road(s) be constructed	1? YES D	NO □	Internal 🖼	External/Access
Type of Road: Private □ Lengt	h (mi.):	Pu	blic 🗗 Length (mi	.):
Road Surface: Paved 🗹	Gravel □ Wid	lth of Road S	urface (feet)	20
Will this be a Conservation Sub	division (See Section	7.7 of Subdiv	ision Ordinance)	YES □ NO 🔽
Type and Acreage of Other Faci	lities (ex. Recreation,	Mixed-Use,	Commercial, etc.):	
Date of Community Meeting: Once the Planning Department h two (2) separate days for site visit	as determined sufficie	ency, the appli	cant shall provide	time(s) during at least
DATE	21	TIME(S)	1- AM 4 PM	
Please See Attached for	Submittal Requ	<u>irements</u>		
人			ı	15/2021
Signature of Reoperty Owner/A				Date
For Staff Use Only			PL	
Date Received	Ву			
Date Fee Paid	Received By		÷	
Date Review Completed	D	ate Applica	nt Contacted	