

Chatham County Planning Department PO Box 54/80-A East Street Pittsboro, NC 27312 Ph: (919) 542-8204

Fax: (919) 542-2698

## TOWN OF GOLDSTON APPLICATION FOR CHANGEIN GENERALUSE ZONING DISTRICTS

Applicant Information:	Landowner Information:	
NAME: Town of Goldston	NAME: Rock Hill Farms, LLC.	
ADDRESS: PO Box 527	ADDRESS: 2287 Bonlee Bennett Rd.	
Goldston, NC 27344	Siler City, NC 27344	
CONTACT PH: (919)-548-5946	CONTACT PH: (919)548-5255	
EMAIL: tjcunnup@gmail.com	EMAIL: walter@apsgenco.	
PROPERTY IDENTIFICATION		
Physical (911) Address: 12635 US Hwy 421 Goldston NC 27252 PARCEL (AKPAR) No.: 0009032		
	creage: 25.556 Acreage to be Rezoned: 25.556 round acreage. Use exact acreage from tax record orsurvey)	
CURRENT ZONING DISTRICT/CLASSIFICATION: IND-L( current-County)		
(unzoned-Town if annexed)		
PROPOSED ZONING DISTRICT/CLASSIFICATION:		
$\square$ R-1 Residential $\square$ R-2 Residential $\square$ R-15	Residential R-MF Residential CD-MU Mixed Use	
C-1 Commercial O & I Office & Institutional X	IL Light Industrial  IH Heavy Industrial	
FEMA Flood Map Information:		
Flood Map No. : <u>3710960600J</u> Map Date <u>: 2-2-2007</u> Flood Zone:		
WATERSHED Information:		
Current Watershed Classification: Within Jordan Lake Buffer Area: Yes X No Unknown		
APPLICATION SUBMITTAL REQUIREMENTS		

## Attach the following as required:

- 1. Map of the property showing the parcel or portions thereof that are affected by this rezoning request.
- 2. Written legal description of such land

## Please address the following on a separate summary attachment:

- 1. Any alleged error in the Ordinance, if any, which would be remedied by the proposed amendment
- 2. The changed or changing conditions, if any, which make the proposed rezoning reasonably necessary

No application packets will be taken after 4pm. All fees must be paid at the t	ime of application submittal. For the
purposes of calculating this application fee, use the following: DO NOT ROLL	
Application Fee: \\$500.00 plug \$25/per agre (qx: \$36.70 ld 20 to \$	They and he kind he kind he kind
PLEASE SIGN THE MOST ACCURATE SIGNATURE OPT	ION BELOW (1, 2, OR 3)
(1) I hereby certify that I am the owner or authorized agent of said proprint information provided is complete and the statements given are true to the beautiful for the following formation provided is complete and the statements given are true to the beautiful formation of the following formation for the following formation for the following formation for the following formation provided is complete and the statements given are true to the beautiful formation for the following formation provided is complete and the statements given are true to the beautiful formation for the following formation provided is complete and the statements given are true to the beautiful formation for the following for the following formation for the following formation for the following formation for the following formation for the following for the following formation for the following for the following formation for the following formation for the following formation for the following formation for the following for the following formation for the following for the following formation for the following formation for the fol	est of my knowledge.
The owner must sign the following if someone other than the owner is	making the application.
(2) I hereby certify that (please print)	is an authorized agent for
Signature	Date
Print Name	
(3) I acknowledge that I am not the landowner OR authorized agent of application is being made, but I do live within the zoned area of the county.  Signature	the property for which this  Date
Print Name	
FOR OFFICE USE ONLY	sikkar i interniohismonari mesitasi ina enemata sinati atmprotestatianianiahanah intalikanbihantankana kikab mendi
Application No.: PL20 Date Received:	20
Payment Received: \$	
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Planning Denartment	