



APPLICATION ACCEPTANCE POLICY

COMPACT COMMUNITY ORDINANCE AMENDMENTS

Chatham County
Planning Department

PO Box 54, Pittsboro, NC, 27312
Telephone 919-542-8204 | Fax 919-542-2698
www.chathamcountync.gov/planning

Chatham County understands that clear expectations make the application and development review processes easier for both applicants and staff. The policies outlined below will enable Planning Department staff to move the process along in a way that ensures that each application receives the attention it deserves. Staff desires to complete review of projects in an accurate and timely manner. Due to the preparation, reviews, and public hearing schedules, working with incomplete materials detracts from the timely review of applications.

1. Applications are to be reviewed for completeness by staff prior to being officially accepted for review. Applications that are dropped off or mailed in cannot be accepted without prior approval from the Zoning Administrator.
2. Checklists for each type of request are provided with each application package. If the application does not contain all required items on the checklist, it will be considered incomplete and shall not be accepted.
3. Application fees must be paid at the time an application is submitted for acceptance. **Please provide ONE complete set of the application and all supporting materials when submitting.** More copies will be requested by the Planning Department (16 sets) once the sufficiency review period has been completed.
4. In order to allow time to process fees, applications will not be accepted after 4:00 pm each day.
5. For your convenience, applicants may schedule an appointment with staff to review the application package before the official submission.

The Planning Department staff looks forward to working with you during the application process. If you have questions or need further assistance, please call 919-542-8285.



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
AMENDMENT TO THE COMPACT
COMMUNITY ORDINANCE OR MAP_

Applicant Information:

NAME: _____

ADDRESS: _____

CONTACT PH: () _____

EMAIL: _____

Landowner Information:

NAME: _____

ADDRESS: _____

CONTACT PH: () _____

EMAIL: _____

PROPERTY IDENTIFICATION

Physical (911) Address: _____

PARCEL (AKPAR) No.: _____

Township: _____

Total Acreage: _____

Acreage added to CCO Boundary: _____

(Do not round acreage. Use exact acreage from tax record or survey)_

Map Amendments to Ordinance:

Provide a map showing the existing compact community boundary including any proposed changes to the boundary and all properties requested to be added.

Text Amendments to Ordinance

Section _____ Page _____, Section _____ Page _____, Section _____ Page _____

Existing Language

Requested Language Change:

Reasons for requested text amendment:

APPLICATION SUBMITTAL REQUIREMENTS

Attach the following as required in Section 19.4.C of the zoning ordinance:

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.
3. Mailing labels for all adjoining property owners.

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 text and map amendments reasonably necessary.
3. The manner in which the proposed text and map amendments will carry out the intent and purpose of the Comprehensive Plan or part thereof. **You must note specifics from the plan giving reference to page number and section.**

No application packets will be taken after 4pm. All fees must be paid at the time of application submittal. A mailing list (self-adhesive labels) of all adjoining property owners is required.

Application Fee: \$250.00

Fees are non-refundable once the public hearing notices are sent and even if the request is denied.

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

(1) I hereby certify that **I am the owner or authorized agent of said property** and that the information provided is complete and the statements given are true to the best of my knowledge.

Signature	Date
Print Name	

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 said property and is permitted by me to file this application.

Signature	Date
Print Name	

(3) I acknowledge that **I am not the landowner OR authorized agent** of the property for which this application is being made, but I do live within the zoned area of the county.

Signature	Date
Print Name	

FOR OFFICE USE ONLY

Application No.: PL20

Date Received: _____ 20____

Payment Received: \$ _____

Check No. _____

Cash

Credit Card

Money Order

Planning Department

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