

# 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:	Landowner Information:
NAME: Congruus LLC, a North Carolina limited liability company	NAME: Congruus LLC, a North Carolina limited liability company
ADDRESS: 679 Hillsboro Street	ADDRESS: 679 Hillsboro Street
Pittsboro, NC 27312	Pittsboro, NC 27312
CONTACT PH: C/O Isabel Mattox (919)828-7171	CONTACT PH: ()
EMAIL: C/O Isabel Mattox Isabel@mattoxlawfirm.com	EMAIL:
PROPERTY IDE	ENTIFICATION
Physical (911) Address: Parker Herndron Rd., 1411 Parker Hernd	on Rd., and 724 Morris Rd.
PARCEL (AKPAR) No.: 0002868, Portion of 0002867, Portion of 00	02869, and Portion of 0002842
Township: Baldwin Total Acreage: 236.47	screage added to CCO Boundary: 184.04
(Do not roun	d acreage. Use exact acreage from tax record or survey)
Map Amendments to Ordinance:	
Provide a map showing the existing compact community boundarequested to be added.	ry including any proposed changes to the boundary and all properties
Text Amendments to Ordinance	
Section 6.1 Page 3-4, SectionPage, Section	_Page
Existing Language:	
The Compact Community Ordinance applies to the property show	wn in green as shown on the attached in Exhibits A and A-1.
Requested Language Change:	
The Text Amendment proposes the change of CCO map boundar and A-1.	ies to include within the CCO the areas shown in yellow in <b>Exhibits A</b>
Reasons for requested text amendment:	
and Planning Board members, applicant elected to request a Te	· · · · · · · · · · · · · · · · · · ·

#### 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 amendment 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)

Signature	Date
Print Name	
e owner must sign the following if someone other than	the owner is making the application.
I hereby certify that (please print)	is an authorized agent fo
Signature	Date
	Date
Signature	zed agent of the property for which this

#### APPLICATION SUBMITTAL REQUIREMENTS

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

- 4. Map of the property showing the parcel or portions thereof that are affected by this amendment request.
- 5. Written legal description of such land.
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Signature	Date		
Print Name			
he owner must sign the following if someone other than the owner is making the application.			
I hereby certify that (please print)	is an authorized agent for		
aid property and is permitted by me to file this application.			
Signature	Date		
	Date		
	l agent of the property for which this		

#### **FOR OFFICE USE ONLY**

Application No.: PL-		Date Receive	ed:	20
Payment Received: \$				
Check No	Cash	Credit Card	Money Order	

Revised June 2021 hg/ap

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Signature	Date
Print Name	
	e other than the owner is making the application.
I hereby certify that (please print)	pplication.
DocuSigned by:	6/29/2021
Signature Keith McRae, Me. Print Name	in berlinanger Date
I acknowledge that <u>I am not the landowne</u> lication is being made, but I do live within th	r OR authorized agent of the property for which this e zoned area of the county.
Signature	Date

#### Portion of parcel 2867

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Signature	Date
Print Name	
he owner must sign the following if someone of	
2) I hereby certify that (please print)	is an authorized agent for ication.
DocuSigned by:	6/30/2021
Signature  OWEN PARKER  Print Name	Date
) I acknowledge that <u>I am not the landowner Ol</u> plication is being made, but I do live within the zo	R authorized agent of the property for which this med area of the county.
	Date