

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: Flatiron Forest				
Property Owner/Applicant:	Representative (Surveyor, Engineer, Etc.):			
Name: RBV 1525, LLC	Name: Ben Mayo			
Address: 2046 Energy Drive	Company Name: WithersRavenel			
	Address: 115 MacKenan Dr			
Phone: (W)	Cary, NC 27511			
(H)	Phone: (W)919.238.0341			
(C) 919.868.4924	(C)			
Fax:	Fax:			
Email: rvick@windjamdevelopment.com	Email: bmayo@withersravenel.com			
PROPOSAL Parcel # (AKPAR):	Zone X Watershed District: WS-IV PA mlets Chapel Road (SR 1525) 29 Min. Lot Size (Acres) 0.80 AC			
Phased Development/Development Schedule? YE	<u>.</u>			
Phasing Schedule or Development Schedule (for su	bdivisions consisting of 50 Lots or More).			
Mixed-Use YES □ NO Multi-F	amily (Townhomes, Apts., etc.) YES NO			
Proposed Number of Lots: Residential 29	CommercialOther			
If Other, Specify (i.e. recreation)				
Wastewater Disposal: Individual Septic ⊠	Community Septic Public System □			
Water System: Individual Well □ (Community Well(s) □ Public System ⊠			
Public Water System Name: County Water Line				
Public Wastewater System Name (ex. Aqua NC):				

First Plat Application Page 2

Will New Road(s) be	e constructed?	YES \square	NO	Internal 🛛	External/Acc	cess 🗆
Type of Road: Priva	ate 🛛 Length (mi	.):56	P	ublic 🗆 Length (n	ni.):	
Road Surface:	Paved 🖾 Gi	avel □ Wi	dth of Road	Surface (feet) 30	· · · · · · · · · · · · · · · · · · ·	
Will this be a Conse	rvation Subdivisio	on (See Section	7.7 of Subdiv	vision Ordinance)	YES □	NO ⊠
Type and Acreage o	f Other Facilities		, Mixed-Use,	Commercial, etc.):	
Date of Community	Meeting: _5/10/20		L	ocation: 50 Windfal	l Creek Dr. in C	hapel Hill, NC
Once the Planning D two (2) separate days						g at least
<u>DATE</u>			TIME(S)			
Please See Atta	ched for Sub	mittal Requ	irements			
Rey C	ij				5-17-2	2
Signature of Proper	ty Owner/Applica	nt			Date	
For Staff Use Only	se Only PL					
Date Received	B	у				
Date Fee Paid	R	eceived By _				
Date Review Com	aleted	г	ate Annlica	nt Contacted		