



MAJOR SUBDIVISION - CONSTRUCTION PLAN

Subdivision Name: _____

Property Owner/Applicant:

Surveyor / Engineer:

Name: _____

Name: _____

Address: _____

Company Name: _____

Address: _____

Phone: (W) _____

(H) _____

Phone: (W) _____

(C) _____

(C) _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Parcel # (AKPAR): _____ P.I.N. # _____ Zoning District: _____

Flood Map # _____ Zone: _____ Watershed District: _____

Existing Access Road (S. R. # and name): _____

Phased Development/Development Schedule? YES [] NO [] Phases # _____

Total Acreage _____ Total # of Lots _____ Min. Lot Size (Acres) _____

Max. Lot Size _____ Avg. Lot Size _____ # Exempt Lots (over 10 ac.) _____

Please attached a DETAILED Phasing Schedule or Development Schedule (for subdivisions consisting of 50 Lots or More).

Mixed-Use YES [] NO [] Multi-Family (Townhomes, Apts., etc.) YES [] NO []

Proposed Number of Lots: Residential _____ Commercial _____ Other _____

If Other, Specify (i.e. recreation) _____

Are there historical structures located on the property that may be 50 years or older, i.e. cemetery, fences, chimneys, structures. Yes [] No [] If yes, type of structure(s) _____ and date and type of contact, i.e. on-site visit, telephone, letter, with Chatham County Historical Association: _____.

Type of Wastewater Disposal: Individual Septic [] Community Septic [] Public System []

Type of Water System: Individual Well [] Community Well(s) [] Public System []

Public Water System Name: _____

Public Wastewater System Name (ex. Aqua NC): _____

Type of Road: Private Length (mi.): _____ Public Length (mi.): _____

Road Surface: Paved Gravel Width of Road Surface (feet) _____

Type and Acreage of Other Facilities (ex. Recreation, Mixed-Use, Commercial, etc.):

PERMITS/APPROVALS REQUIRED: (copies of all required permits shall be included with Construction Plan submittal)

- | | | | |
|--|------------------------------|------------|------------------------------|
| NCDOT ROAD PLAN APPROVAL | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| NCDOT COMMERCIAL DRIVEWAY PERMIT | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| EROSION CONTROL PLAN APPROVAL | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| STORMWATER PLAN APPROVAL | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| NCDENR (401) WATER QUALITY CERT | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| U.S. ARMY CORPS OF ENGINEERS (404) STREAM IMPACT | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| ROAD NAME REQUEST FORM | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| COUNTY PUBLIC WATER APPROVAL | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| STATE PUBLIC WATER APPROVAL (NCDENR) | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| NCDENR DWQ (WASTE WATER TREATMENT PLANT) | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |
| SOIL SCIENTIST REPORT | YES <input type="checkbox"/> | DATE _____ | N/A <input type="checkbox"/> |

OTHER:

Include one (1) paper copy and (1) electronic copy of all items above (see Digital Document Requirements) and 2 paper copies of Construction Plan (scale not to be more than 200 feet to 1 inch)

 Signature of Property Owner/Applicant

 Date

For Staff Use Only	PL _____
Date Received _____ By _____	
Date Review Completed _____ Date Applicant Contacted _____	
TRC Meeting Date: _____ Construction Plan Approval Date: _____	