



Chatham County Planning Department
80-A East Street
P.O. Box 54, Pittsboro, NC 27312-0054
Phone: 919-542-8204
Map Review Fee: \$50.00

EXEMPT SUBDIVISION APPLICATION—RESIDENTIAL

Name of Subdivision or Plat Title:

Property Owner/Applicant:

Representative (Surveyor, Engineer, Etc.):

Name:

Name:

Address:

Company Name:

Address:

Phone: (W)

Address:

(H)

Phone: (W)

(C)

(C)

Fax:

Fax:

Email:

Email:

Who should staff contact (circle one)? Property Owner/Applicant Consultant

PROPOSAL

Parcel # (AKPAR): Zoning District:

Flood Map # Zone: Watershed District:

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

Total Acreage of Parent Tract: Total # of New Lots:

County water available: YES NO

If yes, provide Water Availability Form from Chatham County Public Works Water Utility Staff.

Septic Permit(s): If available, provide a copy of the wastewater permit for each new or revised lot. Date of permit(s):

By:

**On-site Riparian Buffer Completed:** YES  NO

If no, has Form 18 been added to the plat? YES \_\_\_\_\_

Date buffer review completed: \_\_\_\_\_ By: \_\_\_\_\_

Findings: \_\_\_\_\_

Have riparian buffers been identified on exempt plat? \_\_\_\_\_

Has Environmental Quality staff reviewed riparian buffer(s)? \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_

**Erosion Control:** If you are disturbing 20,000 sq ft or more call 919-545-8343

**Access:** Will new, exempt lot(s) be served by a perpetual easement? YES  NO

If the easement is serving more than two (2) subdivision lots, the easement must be named. Contact the Emergency Operations Office at 919-545-8163 or 545-8161 for road name procedure and application form.

**For required construction standards of new easement, contract the Chatham County Fire Marshal at 919-542-8259.**

**The following information must be on the plat prior to Approval by Planning Department:**

- Stormwater language per the Environmental Quality Director
- Riparian Buffer Language

\_\_\_\_\_  
**Applicant/Agent Signature**

\_\_\_\_\_  
**Date**

***For office use***

Application received by \_\_\_\_\_ Date: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Plat approved YES  NO  By \_\_\_\_\_