



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

MAJOR SUBDIVISION - CONSTRUCTION PLAN

Subdivision Name:

Property Owner/Applicant:

Surveyor / Engineer:

Name:

Name:

Address:

Company Name:

Address:

Phone: (W)

Phone: (W)

(H)

(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 10 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: _____	