

APPLICATION FOR
ZONING DISTRICTS
CONDITIONAL USE DISTRICTS
CONDITIONAL USE PERMITS

Chatham County Planning Department
P.O. Box 54
Pittsboro, NC 27312

Tel: 919/542-8204
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(1) Applicant Information:

Name: Greg Isenhour
Address: P.O. Box 5159
Chapel Hill, NC 27514-5002
Phone No: (h) 919-542-1882
(w) 919-932-2821
(m) 919-612-8217
Email:
greg@gutsinc.com

(2) Landowner Information (as shown on deed)

Name: Same
Address: _____
Phone No: (h) _____
(w) _____
(m) _____
Email: _____

(3) Property Identification:

911 Address: Plaza Drive

S.R. Name: Off Highway 15-501
S.R. Number: _____
Township: 13
Acreage: 9.24
Flood map #: _____ (7-13-2005)
Flood Zone: _____

PARCEL#: 65804
P.I.N #: 9776426773

Deed Book: 1076 Page: 0114 Yr: 2005
Plat Book: 2005 Page: 0326
Current Zoning District: Conditional Use
Watershed District: WS-IV PA

(4) Requested Zoning District, Conditional Use District, OR Conditional Use Permit:

Modification to Existing Conditional Use Permit

(5) Directions to property: Highway 15-501 North to Cole Park – turn right at light an left onto Plaza Drive

(6) Attach the following, if requesting a zoning map amendment:

List of names and addresses or current adjoining property owners (see Adjacent Landowners form)

- Written legal description
 - Map of the property at a scale of not less than 1 inch equals 200 feet
 - Explanation of request addressing applicable portions of Section 17.3B of the Chatham County Zoning Ordinance
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(7) Attach Submission Materials Checklist Information (see Submission Materials Checklist form)

I hereby certify that I am the owner or authorized agent of said property and that the information provided is complete and the statements given are true to the best of my knowledge.

Signature

Date

The owner must sign the following if someone other than the owner is making the application.

I hereby certify that _____ is an authorized agent for said property and is permitted by me to file this application.

Signature

Date