

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
Fax: 919-542-0527
Email: lynn.richardson@ncmail.net

(1) Applicant Information:

(2) Landowner Information (as shown on deed)

Name: Blake & Associates, Inc.
Address: 10700 Hwy 15-501
Chapel Hill, NC 27517

Name: HBP Properties LLC
Address: PO Box 5365
Cary, NC 27512

Phone No. (h) _____
(w) 919-968-8848
email: info@blakeassoc.net

Phone No: (h) _____
(w) 919-387-2929
email: HBPowell@aol.com

(3) Property Identification:

911 Address: 10677 US 15-501 N
Chapel Hill, NC 27514

P.I.N # 9775-29-5608.000
Parcel # 2407

S.R. Name: US 15-501 N
S.R. Number: 15-501

Deed book: 1191 Page: 0212
Plat Book: _____ Page: _____

Township: 2 Baldwin

Zoning District: RA-40

Acreage: 39.447

Watershed District: WS-IV PA

Flood map # 370229 00 55 B
371097 75 00 J date: 7/2005

Zone X

(4) Requested Zoning District, Conditional Use District and/or Conditional Use Permit:

Zoning Change from RA-40 to B-1CU District (Section 17.3B of Zoning Ordinance)

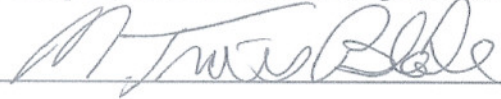
(5) Directions to property: Approximately 11 miles North of Pittsboro off US 15-501 N at the corner of
15-501 and Polks Landing Rd.

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

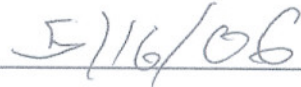
- List of names and addresses of current adjoining property owners (on back of this form)
 - Written legal description
 - Map of the property at a scale of not less than 1 inch equals 200 feet
 - Explanation of request addressing application portions of Section 17.3B and 18.2A of the Chatham County Zoning Ordinance.
-

(7) Attach Submission Materials Checklist information. (see attached)

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

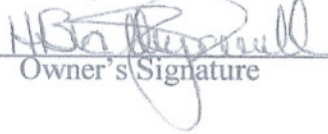


Date

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

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

HBP Proper HES, LLC

by 

Owner's Signature



Date

Owner's Signature

Date

Owner's Signature

Date

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Conditional Use Permit Requested

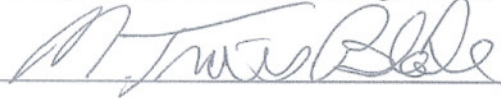
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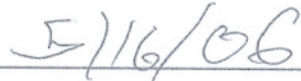
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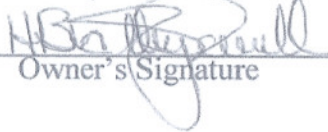


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