



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: Carolina Crossings

Property Owner/Applicant:

Surveyor / Engineer:

KC2 Enterprises LLC/I-3, LLC

Name: Carolina Crossings

Name: Mark P. Address

Address: 341 Kilmayne, Suite 204
Cory NC 27511

Company Name: CE Group
Address: 301 Glenwood Ave
Suite 220, RSL NC

Phone: (W) 919 362-6211

Phone: (W) 919 367-8790 x101

(H) _____

(C) _____

(C) _____

Fax: _____

Fax: 919 322-0032

Email: brad.zadell@gmail.com

Email: mark@cegroupinc.com

Parcel # (AKPAR): 60710 P.I.N. # 074-23-0860 Zoning District: R-1

Flood Map # 3720070400J Zone: X Watershed District: WS-IVPA

Existing Access Road (S. R. # and name): NC HWY 751

Phased Development/Development Schedule? YES NO Phases # 1

Total Acreage 73.23 Total # of Lots 20 Min. Lot Size (Acres) 1.61

Max. Lot Size 7.36 Avg. Lot Size 3.26 # Exempt Lots (over 10 ac.) 0

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 20 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: H/x

Public Wastewater System Name (ex. Aqua NC): H/x

Type of Road: Private Length (mi.): _____ Public Length (mi.): 0.64

Road Surface: Paved Gravel Width of Road Surface (feet) 20'

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 checked="" type="checkbox"/> DATE <u>1/21/15</u> N/A <input type="checkbox"/> |
| NCDOT COMMERCIAL DRIVEWAY PERMIT | YES <input checked="" type="checkbox"/> DATE <u>1/21/15</u> N/A <input type="checkbox"/> |
| EROSION CONTROL PLAN APPROVAL | YES <input checked="" type="checkbox"/> DATE <u>10/16/14</u> N/A <input type="checkbox"/> |
| STORMWATER PLAN APPROVAL | YES <input checked="" type="checkbox"/> DATE <u>1/21/15</u> N/A <input type="checkbox"/> |
| NCDENR (401 WATER QUALITY CERT) | YES <input checked="" type="checkbox"/> DATE <u>10/3/14</u> N/A <input type="checkbox"/> |
| U.S. ARMY CORPS OF ENGINEERS (404 STREAM IMPACT) | YES <input checked="" type="checkbox"/> DATE <u>10/17/14</u> N/A <input type="checkbox"/> |
| ROAD NAME REQUEST FORM | YES <input type="checkbox"/> DATE _____ N/A <input checked="" type="checkbox"/> |
| COUNTY PUBLIC WATER APPROVAL | YES <input type="checkbox"/> DATE _____ N/A <input checked="" type="checkbox"/> |
| STATE PUBLIC WATER APPROVAL (NCDENR) | YES <input type="checkbox"/> DATE _____ N/A <input checked="" type="checkbox"/> |
| NCDENR DWQ (WASTE WATER TREATMENT PLANT) | YES <input type="checkbox"/> DATE _____ N/A <input checked="" type="checkbox"/> |
| SOIL SCIENTIST REPORT | YES <input checked="" type="checkbox"/> DATE <u>5/13/14</u> 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] 1/21/15
 Signature of Property Owner/Applicant Date

For Staff Use Only

Date Received _____ By _____

Date Review Completed _____ Date Applicant Contacted _____

TRC Meeting Date: _____ Construction Plan Approval Date: _____