CHATHAM COUNTY ROAD NAMING REQUEST FORM

- QUESTIONS: Any questions concerning this form should be directed to: Denise Suits, 919-545-8163
- **RETURN COMPLETED FORM TO:** Chatham County Emergency Operations, P. O. Box 613, Pittsboro, NC 27312

ALL INFORMATION BELOW MUST BE COMPLETED		
1. APPLICANT INFORMATION	2. TYPE OF REQUEST (check one box	
Name: Green Cube Investments, LLC	only)	
Address: 50201 Governers Drive	Private road or driveway	
City, State & Zip Code: Chapel Hill, NC 27517	Renaming of road	
Phone Number:	Other	
3. PROPERTY INFORMATION	4. ROAD NAME INFORMATION**	
State Road Number (if applicable): 1534	What is the existing road name (if	
Township where Road Originates: :Baldwin	applicable)?	
Will the road be part of a development?		
Yes⊠ No□	What are the proposed or new road name(s)?	
If a development, is it:	What are the proposed or new road name(s)?	
A major development	•	
A minor development 🛛	•	
Is it possible that this will be come a state road?		
Yes □ No⊠	If existing name is to be changed, what is the	
Length of road: ~1100 LF	reason for this change?	
Type of road (check one answer only)	N/A	
Private ⊠ Public □		
5. DIRECTIONS TO ROAD (only needed if it is a private road): From 80 East Street: Head west on US-64 BUS W/East St; At the traffic circle, take the 1st exit onto US-501 N/U.S. Hwy 15/501 N; Travel 8.5 miles; Turn Left onto Andrews Store Road; Travel 3.3 miles to Manns Chapel Road; Turn Right onto Manns Chapel Road and travel 2.1 miles to Poythress Road on the left; turn left and travel 0.5 miles to destination on right.		
6. ATTACHMENTS REQUIRED		
Names, addresses and phone numbers of ALL adjacent property owners (see page 2).**		
 Signatures of at least 60% of adjacent property owners (see page 2). 		
 Attached map with marked location of the road on the map. 		
**IMPORTANT: The County Board of Commissioners may consider a number of factors when naming or renaming a road, including the number of adjacent owners, acreage of ownership, historical significance of a road name, and roads with similar names.		
7. Signature of Applicant:	Date of Signature: .:; 09/17/18	
Date Submitted to County EOC:		

PROVIDE A COMPLETE LIST OF ALL ADJACENT PROPERTY OWNERS BELOW, INCLUDING NAME, ADDRESS & PHONE NUMBERS. Name: Creen Cabe Injectments Address: 50201 Covernors prive Phone #: 6 have that, the 27517	SIGNATURES: We, the undersigned owners, are in favor of the proposed road name inserted here: Gallant Dr. (NOTE: Only sign below if you approve of the road name above.) Signature:
Name: Address: Phone #:	Signature:
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