

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

<p>1. APPLICANT INFORMATION</p> <p>Name: <u>Bill Daw</u> Address: <u>11069 NC Hwy 42W</u> City, State & Zip Code: <u>Sanford, NC 27330</u> Phone Number: <u>(317) 600-8058</u></p>	<p>2. TYPE OF REQUEST (check one box only)</p> <p><input checked="" type="checkbox"/> Private road or driveway <input type="checkbox"/> Renaming of road <input type="checkbox"/> Other</p>
<p>3. PROPERTY INFORMATION</p> <p>State Road Number (if applicable): Township where Road Originates: :Select one here Will the road be part of a development? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If a development, is it: A major development <input type="checkbox"/> A minor development <input type="checkbox"/> Is it possible that this will be come a state road? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Length of road: <u>600 ft</u> Type of road (check one answer only) Private <input checked="" type="checkbox"/> Public <input type="checkbox"/></p>	<p>4. ROAD NAME INFORMATION**</p> <p>What is the existing road name (if applicable)? <u>N/A</u></p> <p>What are the proposed or new road name(s)?</p> <ul style="list-style-type: none"> • <u>BOBBY JOE LANE</u> • • <p>If existing name is to be changed, what is the reason for this change?</p>
<p>5. DIRECTIONS TO ROAD (only needed if it is a private road):</p> <p><u>Off NC 42 Hwy @ 11069</u></p>	
<p>6. ATTACHMENTS REQUIRED</p> <p>Names, addresses and phone numbers of ALL adjacent property owners (see page 2).**</p> <ul style="list-style-type: none"> • 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: Bill Daw Date of Signature: _____

Date Submitted to County EOC: _____

IMPORTANT: If this form & required information is not completed and submitted properly, the petition is not valid.

<p>PROVIDE A COMPLETE LIST OF ALL ADJACENT PROPERTY OWNERS, INCLUDING NAME, ADDRESS & PHONE NUMBERS.</p>	<p>SIGNATURES: We, the undersigned owners, are in favor of the proposed road name inserted here: (NOTE: Only sign below if you approve of the road name above.)</p>
<p>Name: Charles Musselwhite Address: 7216 West ROCK CT Phone #: 317 4309098</p>	<p>Signature: Charles Charles Musselwhite</p>
<p>Name: Address: Phone #:</p>	<p>Signature:</p>
<p>Name: Address: Phone #:</p>	<p>Signature:</p>
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