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 C	ounty 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: Caroling Murugan lemple	only)	
Name: Carolina Murugan Temple Address: 272 First Road	Private road or driveway	
City, State & Zip Code: Moncure, NC 27559	Renaming of road	
Phone Number: 503-806-8654	Other	
3. PROPERTY INFORMATION	4. ROAD NAME INFORMATION**	
State Road Number (if applicable):	What is the existing road name (if	
Township(s) where Road Originates (check ONE):	applicable)?N/A	
Albright Baldwin Bear Creek		
Cape Fear Center Gulf Hadley	What are the proposed or new road	
Haw River Hickory Mtn. Matthews	name(s)?	
New Hope Oakland Williams	· Main Temple Ave	
Will this be part of a development? Yes No	•	
If a development, is it:	• ————	
A major development	76	
A minor development	If existing name is to be changed, what is	
Is it possible that this will become a state road?	the reason for this change?	
Yes No No	\ \\\	
Length of road:	<u> </u>	
Type of road (check one answer only)		
Private Public _		
5 DIRECTIONS TO ROAD (only needed if it is a private road):		
From USI Old take Haywood Road then take		
first Road.		

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:	1	Signature Date:	10120	12024
Date Submitted to County EOC: 12	120,		1-1-	7

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

PROVIDE A COMPLETE LIST OF ALL	SIGNATURES: We, the undersigned owners,
ADJACENT PROPERTY OWNERS BELOW,	are in favor of the proposed road name
INCLUDING NAME, ADDRESS & PHONE	inserted here:
NUMBERS.	(NOTE: Only sign below if you approve of the
ITOTALESTO:	road name above.)
Name: Johnst Variation Address: 39 3 Hayward D Phone #: 919 (200904	Signature: John y Min
Name: H. T. MANNING Address: 260 Monauloop Col Phone #: Monauloop Col Name: 717 838 9733	Signature:
Name:	
Address:	Signature:
Phone #:	
Name: Address: Phone #:	Signature:
Name:	Signature:
Address:	
Phone #: Name: Address:	Signature:
Phone #:	
Name:	Signature:
Address:	Da Branch Co.
Phone #:	<u> </u>
Name:	Signature:
Address:	O'GHILLIAI O'
Phone #:	
Name:	Signatura
Address:	Signature:
Phone #:	
Name:	
Address:	Signature:
Phone #:	
Name:	
Address:	Signature:
Phone #:	
Name:	
Address:	Signature:
Phone #:	
Name:	
Address:	Signature:
Phone #:	