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	
1. APPLICANT INFORMATION Name: Wilma Schröeder Address: 1358 Jessie Bridges Road	only)	
Address: 1368 Jess le Bridges Dad	Private road or driveway	
City, State & Zip Code: Siler City PC 11449	Renaming of road	
City, State & Zip Code: Siler City VC 713444 Phone Number: 416-509-1662	Other	
3. PROPERTY INFORMATION	4. ROAD NAME INFORMATION**	
State Road Number (if applicable):	What is the existing road name (if	
 Township where Road Originates: :Select one here 	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:	· tox kun	
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:	reason for this change?	
Type of road (check one answer only)	To the trianger	
Private Public		
_		
5. DIRECTIONS TO ROAD (only needed if it is a private road): Silk Hope Gum Sprives Rd. to Jessie bridges Road, SW on Jessie bridges Road, to 1356, 1358		
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:		
Date Submitted to County EOC:		

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,	are in favor of the proposed road name
INCLUDING NAME, ADDRESS & PHONE	inserted here:
NUMBERS.	(NOTE: Only sign below if you approve of the
30-31-31-31-31-31-31-31-31-31-31-31-31-31-	road name above.)
Name: \1 11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Toad name above.
	Signature:
Phone #: 415-509-1652	Signature: Williams
Name: Willia Salurd eder	
Address: At Its Varose 18 11 199	Signature:
Name: Delores Namy Sivis & Charles DSirk	
Address: 1356 Jossile Bridges Road	Simon Sing
Phone # 010 - 771 0001	Signature: Charles & Sull
Name: Lalliana Partrick Taylor owner of	Paree # 91778
Address: 17.00 ILICV mal threet V.	Signature:
Phone #:	
Name: HONE DOVE , NOUT WO	
Phone #:	Signature:
Name:	
Address:	Signature:
Phone #:	
Name:	
Address: Phone #:	Signature:
Name:	
Address:	Signature:
Phone #:	Signature:
Name:	
Address:	Signature:
Phone #:	
Name: Address:	~
Phone #:	Signature:
Name:	
Address:	Signature:
Phone #:	Signature.