

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 Name: <u>Bradley Upchurch</u> Address: <u>235 River Rd</u> City, State & Zip Code: <u>Kobbin NC 27325</u> Phone Number: <u>910-639-2474</u></p>	<p>2. TYPE OF REQUEST (check one box only) <input checked="" type="checkbox"/> Private road or driveway <input type="checkbox"/> Renaming of road <input type="checkbox"/> Other</p>
<p>3. PROPERTY INFORMATION State Road Number (if applicable): <u>N/A</u> Township(s) where Road Originates (check ONE): Albright <input type="checkbox"/> Baldwin <input type="checkbox"/> Bear Creek <input checked="" type="checkbox"/> Cape Fear <input type="checkbox"/> Center <input type="checkbox"/> Gulf <input type="checkbox"/> Hadley <input type="checkbox"/> Haw River <input type="checkbox"/> Hickory Mtn. <input type="checkbox"/> Matthews <input type="checkbox"/> New Hope <input type="checkbox"/> Oakland <input type="checkbox"/> Williams <input type="checkbox"/> Will this 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 become a state road? Yes <input type="checkbox"/> No <input type="checkbox"/> Length of road: <u>Approximately .5 miles</u> Type of road (check one answer only) Private <input checked="" type="checkbox"/> Public <input type="checkbox"/></p>	<p>4. ROAD NAME INFORMATION** What is the existing road name (if applicable)? _____ What are the proposed or new road name(s)? • Bray Farm Lane • Bray Farm Road • <u>Bray Farm Lane</u> 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): <u>From Hwy 902/Siler City Glendon Rd, North on Siler City Glendon Rd, make left on Devil's Tramping Ground Rd, travel @ .3 miles and road is on left across from mailboxes 4726 + 4728</u></p>	
<p>6. ATTACHMENTS REQUIRED</p> <ul style="list-style-type: none"> • 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: Bradley Upchurch Signature Date: 12/12/2015
 Date Submitted to County EOC: 12/12/2015

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

PROVIDE A COMPLETE LIST OF ALL ADJACENT PROPERTY OWNERS BELOW, INCLUDING NAME, ADDRESS & PHONE NUMBERS.	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.)
Name: <u>Dave + Ruth Ann Peterson</u> Address: <u>4726 Devils Tramping Ground Rd</u> Phone #: <u>919-837-5011</u>	Signature: <u>[Signature]</u>
Name: <u>Rebecca + Leroy Blalock</u> Address: <u>4726 Devils Tramping Ground Rd</u> Phone #: <u>919 837-5632</u>	Signature: <u>[Signature]</u>
Name: <u>Barry Lemons</u> Address: <u>4758 Devils Tramping Ground Rd</u> Phone #: <u>910-585-8004</u>	Signature: _____
Name: <u>Peggy Cockman</u> Address: <u>808 Two Mile Circle Rd, Robbins</u> Phone #: <u>910 464-5262</u>	Signature: <u>[Signature]</u>
Name: _____ Address: _____ Phone #: _____	Signature: _____
Name: _____ Address: _____ Phone #: _____	Signature: _____
Name: _____ Address: _____ Phone #: _____	Signature: _____
Name: _____ Address: _____ Phone #: _____	Signature: _____
Name: _____ Address: _____ Phone #: _____	Signature: _____
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