

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: <i>Terald Bryant Shaw</i> Address: <i>1219 Shamrock Dr.</i> City, State & Zip Code: Phone Number: <i>336-213-4334</i></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): 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: <i>100 Ft Approx.</i> 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)? • <i>DONNIE BARNES LANE</i> • <i>BARNES LANE</i> • <i>DONNIE BARNES PLACE</i> 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): <i>US 15-501 N - T/R on Lystra Rd T/L on Sam Jones Rd will be O/R</i></p>	
<p>6. ATTACHMENTS REQUIRED 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: *Terald B. Shaw* Date of Signature: *2-15-2023*
 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 ADJACENT PROPERTY OWNERS, 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: <i>Jerald Bryant Shaw</i> Address: <i>1219 Shamrock Dr.</i> Phone #: <i>336-213-4334</i>	Signature: <i>Jerald B. Shaw</i>
Name: <i>LAURENTINO MONTROY</i> Address: <i>454 D SAM JONES RD</i> Phone #: <i>CHARL HILL NE 919 21049</i>	Signature: <i>Lauro m</i>
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