## CHATHAM COUNTY ROAD NAMING REQUEST FORM

<ul> <li>QUESTIONS: Any questions concerning this form should be directed to:         Denise Suits, 919-545-8163     </li> <li>RETURN COMPLETED FORM TO: Chatham County Emergency Operations, P. O. Box 613,</li> </ul>		
Pittsboro, NC 27312		
ALL INFORMATION BELOW MUST BE COMPLETED		
1. APPLICANT INFORMATION Name:	2. TYPE OF REQUEST (check one box only) Private road or driveway Renaming of road Other  4. ROAD NAME INFORMATION** What is the existing road name (if applicable)? What are the proposed or new road name(s)? Sheila Ct  If existing name is to be changed, what is the reason for this change?	
Manns Chapel to Tobacio Rd. Left hand turn onto Ruad End. Road / Easiment on 18ft-		
6. ATTACHMENTS REQUIRED		
<ul> <li>Names, addresses and phone numbers of ALL adjacent property owners (see page 2).**</li> <li>Signatures of at least 60% of adjacent property owners (see page 2).</li> <li>Attached map with marked location of the road on the map.</li> </ul>		
**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: Dand ling Signature Date: 4-4-19		
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 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: WIKMSON Creek LLC Address: 64 Ada Ct PiltsBOOK Phone #: 019-291-2087 27312	Signature: Davil Walsh
Name: William Matthew Jenkins Address: 221 Roads End, Pittsboro, NC 27312 Phone #: 704-785-0744	Signature: Willin John
Name:Address:Phone #:	Signature:
Name:Address:Phone #:	Signature:
Name: Address: Phone #:	Signature:
Name: Address: Phone #:	Signature:
Name: Address: Phone #:	Signature:
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