

APPLICATION ACCEPTANCE POLICY



Goldston
Unified
Development
Ordinance
Amendment

Town of Goldston
Central Pines Regional Council
Planning Department

4307 Emperor Blvd, Suite 110, Durham, NC 27703
Telephone 919-503-3431

Chatham County and the Town of Goldston understand that clear expectations make the application and development review processes easier for both applicants and staff. The policies outlined below will enable Planning Department staff to move the process along in a way that ensures that each application receives the attention it deserves. Staff desires to complete review of projects in an accurate and timely manner. Due to the preparation, reviews, and public hearing schedules, working with incomplete materials detracts from the timely review of applications.

1. Applications are to be reviewed for completeness by staff prior to being officially accepted for review. Applications that are dropped off or mailed in cannot be accepted without prior approval from the Watershed Administrator.
2. Checklists for each type of request are provided with each application package, if applicable. If the application does not contain all required items on the checklist, it will be considered incomplete and shall not be accepted.
3. Application fees must be paid at the time an application is submitted for acceptance. **Please provide ONE complete set of the application and all supporting materials when submitting.** More copies will be requested by the Planning Department (16 sets) once the sufficiency review period has been completed.
4. In order to allow time to process fees, applications will not be accepted after 4:00 pm each day.
5. For your convenience, applicants may schedule an appointment with staff to review the application package before the official submission.

The Planning Department staff looks forward to working with you during the application process. If you have questions or need further assistance, please call 919-503-3431.



Central Pines Regional Council Planning Department
4307 Emperor Blvd, Suite 110, Durham, NC 27703
Ph: (919) 503-3431

APPLICATION FOR AMENDMENT TO THE
GOLDSTON UNIFIED DEVELOPMENT
ORDINANCE

Applicant Information:

NAME: _____

ADDRESS: _____

CONTACT PH: () _____

EMAIL: _____

Landowner Information (if applicable):

NAME: _____

ADDRESS: _____

CONTACT PH: () _____

EMAIL: _____

PROPERTY IDENTIFICATION

Physical (911) Address: _____

PARCEL (AKPAR) No.: _____

Township: _____ Total Acreage: _____

(Do not round acreage. Use exact acreage from tax record or survey)_

Map Amendments to Ordinance:

Provide a total of three maps. One map showing the existing watershed protection boundary, a separate map showing proposed changes to the boundary, and a third map showing current and proposed boundaries with existing surveyed topography to be signed and sealed by a NC licensed Surveyor or Engineer.

Text Amendments to Ordinance

Section _____ Page _____, Section _____ Page _____, Section _____ Page _____

Existing Language

Requested Language Change:

Reasons for requested text/map amendment:

APPLICATION SUBMITTAL REQUIREMENTS

Attach the following as required in Chapter 2.17 of the Unified Development Ordinance:

1. Map of the property showing the parcel or portions thereof that are affected by this amendment request.
2. Written legal description of such land.
3. Mailing labels for all adjoining property owners.

Please address the following on a separate summary attachment:

1. Any alleged error in the Ordinance, if any, which would be remedied by the proposed amendment
2. The changed or changing conditions, if any, which make the proposed text and map amendments reasonably necessary.
3. The manner in which the proposed text and map amendments will carry out the intent and purpose of the Comprehensive Plan or part thereof. **You must note specifics from the plan giving reference to page number and section.**

No application packets will be taken after 4pm. All fees must be paid at the time of application submittal. A mailing list (self-adhesive labels) of all adjoining property owners is required.

Application Fee: \$250.00

Fees are non-refundable once the public hearing notices are sent and even if the request is denied.

PLEASE SIGN THE MOST ACCURATE SIGNATURE OPTION BELOW (1, 2, OR 3)

(1) I hereby certify that **I am the owner or authorized agent of said property** and that the information provided is complete and the statements given are true to the best of my knowledge.

Signature

Date

Print Name

The owner must sign the following if someone other than the owner is making the application.

(2) I hereby certify that (please print) _____ is an authorized agent for said property and is permitted by me to file this application.

Signature

Date

Print Name

(3) I acknowledge that **I am not the landowner OR authorized agent** of the property for which this application is being made, but I do live within the zoned area of the county.

Signature

Date

Print Name

FOR OFFICE USE ONLY

Application No.: PL-_____

Date Received: _____20____

Payment Received: \$_____

☐ Check No. _____

☐ Cash

☐ Credit Card

☐ Money Order

Planning Department

Revised Feb 2025