



Town of Goldston
Central Pines Regional Council
Community Development Department
4307 Emperor Blvd. Suite 110, Durham, NC 27703
Phone: 919-503-3431

MAJOR SUBDIVISION – CONSTRUCTION PLAN

Subdivision Name: _____

Property Owner/Applicant:

Surveyor / Engineer:

Name: _____

Name: _____

Address: _____

Company Name: _____

Address: _____

Phone: (W) _____

(H) _____

Phone: (W) _____

(C) _____

(C) _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Parcel # (AKPAR): _____ **P.I.N. #** _____ **Zoning District:** _____

Flood Map # _____ **Zone:** _____ **Watershed District:** _____

Existing Access Road (S. R. # and name): _____

Phased Development/Development Schedule? YES ☐ NO ☐ **Phases #** _____

Total Acreage _____ **Total # of Lots** _____ **Min. Lot Size (Acres)** _____

Max. Lot Size _____ **Avg. Lot Size** _____ **# Exempt Lots (over 10 ac.)** _____

*Please attached a **DETAILED** Phasing Schedule or Development Schedule (for subdivisions consisting of 50 Lots or More).*

Mixed-Use YES ☐ NO ☐ **Multi-Family (Townhomes, Apts., etc.)** YES ☐ NO ☐

Proposed Number of Lots: Residential _____ Commercial _____ Other _____

If Other, Specify (i.e. recreation) _____

Are there historical structures located on the property that may be 50 years or older, i.e. cemetery, fences, chimneys, structures. Yes ☐ No ☐ **If yes, type of structure(s)** _____
and date and type of contact, i.e. on-site visit, telephone, letter, with Chatham County Historical Association: _____.

Type of Wastewater Disposal: Individual Septic ☐ Community Septic ☐ Public System ☐

Type of Water System: Individual Well ☐ Community Well(s) ☐ Public System ☐

Public Water System Name: _____

Public Wastewater System Name (ex. Aqua NC): _____

Type of Road: Private ☐ Length (mi.): _____ Public ☐ Length (mi.): _____Road Surface: Paved ☐ Gravel ☐ Width of Road Surface (feet) _____Type and Acreage of Other Facilities (ex. Recreation, Mixed-Use, Commercial, etc.):

_____**PERMITS/APPROVALS REQUIRED: (copies of all required permits shall be included with Construction Plan submittal)**

NCDOT ROAD PLAN APPROVAL	YES <input type="checkbox"/>	DATE _____	N/A <input type="checkbox"/>
NCDOT COMMERCIAL DRIVEWAY PERMIT	YES <input type="checkbox"/>	DATE _____	N/A <input type="checkbox"/>
EROSION CONTROL PLAN APPROVAL	YES <input type="checkbox"/>	DATE _____	N/A <input type="checkbox"/>
BUFFER AUTHORIZATION	YES <input type="checkbox"/>	DATE _____	N/A <input type="checkbox"/>
STORMWATER PLAN APPROVAL	YES <input type="checkbox"/>	DATE _____	N/A <input type="checkbox"/>
NCDENR (401) WATER QUALITY CERT	YES <input type="checkbox"/>	DATE _____	N/A <input type="checkbox"/>
U.S. ARMY CORPS OF ENGINEERS (404) STREAM IMPACT	YES <input type="checkbox"/>	DATE _____	N/A <input type="checkbox"/>
ROAD NAME REQUEST FORM	YES <input type="checkbox"/>	DATE _____	N/A <input type="checkbox"/>
GGSD WATER APPROVAL	YES <input type="checkbox"/>	DATE _____	N/A <input type="checkbox"/>
TOWN SEWER AVAILABILITY APPROVAL	YES <input type="checkbox"/>	DATE _____	N/A <input type="checkbox"/>
NCDENR DWQ (WASTE WATER TREATMENT PLANT)	YES <input type="checkbox"/>	DATE _____	N/A <input type="checkbox"/>
SOIL SCIENTIST REPORT	YES <input type="checkbox"/>	DATE _____	N/A <input type="checkbox"/>

OTHER:

Include one (1) paper copy and (1) electronic copy of all items above (see Digital Document Requirements) and 4 paper copies of Construction Plan (scale not to be more than 200 feet to 1 inch)

Signature of Property Owner/Applicant_____
Date**For Staff Use Only****PL** _____

Date Received _____ By _____

Date Review Completed _____ Date Applicant Contacted _____

TRC Meeting Date: _____ Construction Plan Approval Date: _____