

## APPLICATION ACCEPTANCE POLICY



Goldston  
Unified  
Development  
Ordinance  
Amendment

Central Pines Regional Council  
Planning Department

4307 Emperor Blvd, Suite 110, Durham, NC 27703  
Ph: 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.



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Ph: (919) 503-3431

APPLICATION FOR AMENDMENT TO THE  
GOLDSTON UNIFIED DEVELOPMENT  
ORDINANCE

Applicant Information:

Landowner Information (if applicable):

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PH: ( ) \_\_\_\_\_

CONTACT PH: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

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