



**APPLICATION FOR  
Master Plan Modification**

Planning Department  
101 E. Orange Street / P.O. Box 429  
Hillsborough, NC 27278  
Phone: (919) 296-9471, Fax: (919) 644-2390  
Website: [www.hillsboroughnc.gov](http://www.hillsboroughnc.gov)

**Project Title:** Collins Ridge Master Plan Amendment (2023) **Permit Type:** ☒ SUP ☐ CUP  
**Address:** 258 Orange Grove Street **PIN #:** 9874104407

**Applicant Name:** David Bergmark (McAdams)  
**Mailing Address:** 2905 Meridian Parkway **Phone:** 919-449-4005  
**City, State, Zip:** Durham, NC 27713 **E-mail:** bergmark@mcadamsco.com

**Property Owner Name:** SFTEN, INC c/o DR Horton (ATTN: Robert Stuart)  
**Mailing Address:** 2000 Aerial Drive, Suite 110 **Phone:** 919-460-2943  
**City, State, Zip:** Morrisville, NC 27560 **E-mail:** RCStuart@drhorton.com

**Minor Change Requested:** In the space provided below, or on a separate sheet of paper, explain the details of the proposed change(s) requested. Be as specific as possible. Also, attach a site plan indicating all proposed changes.

See Attached Exhibit A - Summary of proposed Master Plan changes.

I, the applicant, hereby certify that the forgoing application is complete and accurate. I understand that I am bound to comply at all times with the rules and regulations of the issued Special or Conditional Use Permit issued for the property identified in this application, as well as all applicable requirements of the Town of Hillsborough Zoning Ordinance.  
**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF LEGAL OWNER OR OFFICIAL AGENT.**

SFTEN, LLC By Robert C Stuart 3/23/23  
**Applicant's signature** **date**  
**Owner**

<b>DEPARTMENT USE ONLY</b>		Date Received: _____	SUP/CUP #: _____
Fee: \$ __.00	Receipt #: _____	Staff: _____	_____