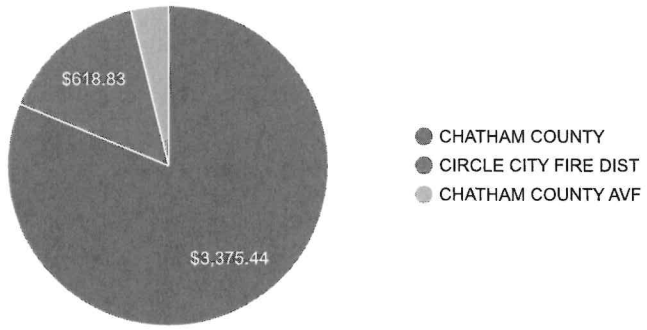
Overview

Parcel Number
0060108
Tax Year
2025
Class
R - RESIDENTIAL
Physical Address
1838 Alex Cockman Rd Pittsboro NC 27312
Acreage
27.7200
Market Value
562,573
Exemption/Exclusion
0
Deferred
0
Assessed Value
562,573
Tax Rate
0.7100
Total Tax
$4,151.27

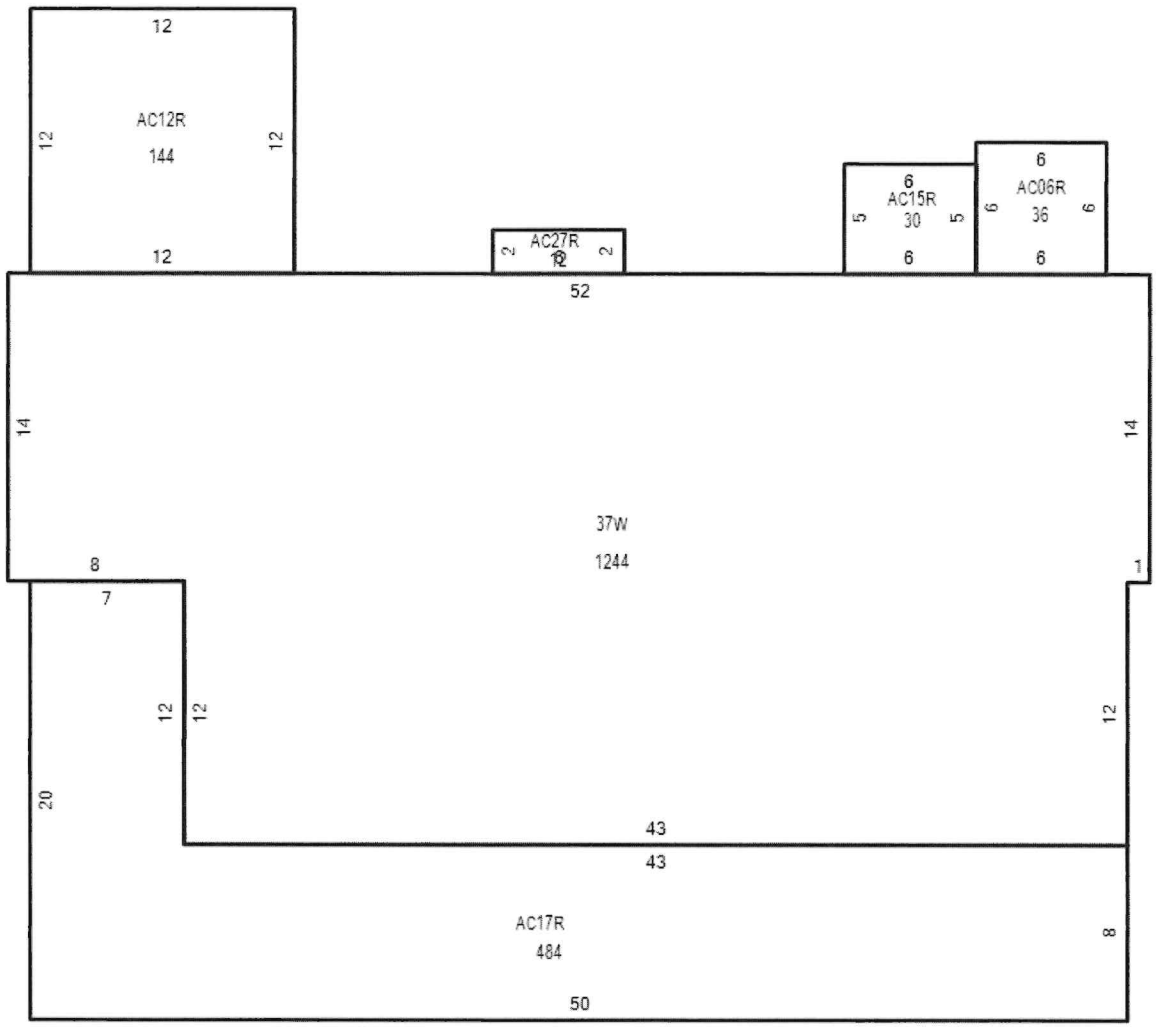
Tax Disbursements

Jurisdiction	Tax Rate	Tax Amount
CHATHAM COUNTY	0.6000	$3,375.44
CIRCLE CITY FIRE DIST	0.1100	$618.83
CHATHAM COUNTY AVF	0.0000	$157.00
TOTAL		**$4,151.27**



Photos & Sketches

Converted Sketch



Billing

	Total
Tax Billed	$3,994.27
SA Billed	$0.00
Interest Billed	$0.00
Fees Billed	$157.00
Total Billed	$4,151.27
Amount Paid	$0.00
Total Unpaid	**$4,151.27**

Tax Amounts Due

If paid in...	Amount due is...
August 2025	$4,151.27
September 2025	$4,151.27
October 2025	$4,151.27
November 2025	$4,151.27
December 2025	$4,151.27

Tax Due amounts are for all unpaid years.

See Payment History section for year-by-year details.

Pay Taxes

Payment History

Tax Year	Total Due	Total Paid	Amount Unpaid	Date Paid
2025	$4,151.27	$0.00	$4,151.27	
2024	$3,145.23	$3,145.23	$0.00	12/10/2024
2023	$7,321.92	$7,321.92	$0.00	1/4/2024
2022	$1,576.16	$1,576.16	$0.00	2/13/2023
2021	$1,533.98	$1,533.98	$0.00	1/31/2022

Show 5 More (23)

Zoning

Code	Classification
R-1	RESIDENTIAL DISTRICT 1
R-1	RESIDENTIAL DISTRICT 1

Legal

Legal Description	Subdivision Name	Block	Lot	Plat Book	Plat Page
LOT 2	RECOMB PLAT ANIA ONN LLC			2024	0323

No Exclusions

Owner Information

OWNER
ANIA ONN LLC,
Mailing Address
104 GREEN PARK LN
CARY, NC 275189769

Transfer History

Book & Page	Sale Type	Sale Date	Sold By	Sold To	Price
2359 0193	WARRANTY DEED	4/27/2023	COLLINS, MYRA L	ANIA ONN LLC	$3,433,000
562 0335	NAME CHANGE	2/12/2022	KOPF DAVID A COLLINS MYRA	COLLINS, MYRA L	$0
562 0335		12/31/1996		KOPF DAVID A COLLINS MYRA	$0
562 0335	COMBINE	1/2/1990		KOPF DAVID A COLLINS MYRA	$0
562 0335	COMBINE	1/2/1990		KOPF DAVID A COLLINS MYRA	$0

Genealogy

Relationship	Parcel Number	Action	Year
Parent Parcel	0060108	A	2025
Parent Parcel	0081567	A	2025
Child Parcel	0060108	A	2025

Land Value

Property Class	Valued Acres	Appraised Value
Acre - Primary	1.0000	37,000
Acre - Residual	26.7200	303,680

CAMA - Structure (1 or 2) - Real Estate

Property Class	Description	Total Finished Area	Year Built
RES - Residential	CONVENTIONAL	1,940	1985

Porches/Decks	
AC06R - Covered Porch	36 Square Ft.
AC12R - Deck - Frame	144 Square Ft.
AC17R - Porch - Screened	484 Square Ft.

Accommodations	
Number of Bathrooms	2.00
Number of Bedrooms	5.00
Number of Half Bathrooms	1.00
Number of Rooms	11.00

Exterior Wall	
EW05 - Wood Panel	89 Percent
EW06 - Wood Siding	11 Percent

Base Cost	
37W - Wood Frame - Main Floor	1,244 Square Ft.
37WU - Wood Frame - Upper Floor	684 Square Ft.

Overhang	
AC27R - Overhang - Frame	12 Square Ft.

Fireplace	
FP01R - None	1.00

House Type
10 - CONVENTIONAL

Storage	
AC15R - Storage - Frame/Metal	30 Square Ft.

Plumbing	
PL02 - Number of Fixtures	2.00

Heating & Cooling	
HC07 - Packaged Heat/Cool	1,940 Square Ft.

CAMA - Structure (2 or 2) - Real Estate

Property Class	Description	Total Finished Area
RES - Residential	Outbuildings Only - RES	0

Yard Improvement

MS15R - Greenhouse	420 Square Ft. Year Built: 2003

Storage

MS28R - Storage Bldg. Unfinished	276 Square Ft. Year Built: 1985
MS28R - Storage Bldg. Unfinished	624 Square Ft. Year Built: 1985

Shed

MS17R - Implement Shed 3 Side	150 Square Ft. Year Built: 1985
MS48R - Lean-to/Shelter	77 Square Ft. Year Built: 1985
MS48R - Lean-to/Shelter	88 Square Ft. Year Built: 1985

Farm

MS47R - Barn - Open Pole	917 Square Ft. Year Built: 1985

Market Value

Year	Market Land	Market Building	Market Total
2025	340,680	221,893	562,573
2024	207,048	139,722	346,770
2023	207,032	139,721	346,753

Map

View Full Screen

© 2025 DEVNET, Inc
Data updated: 2025-08-13 17:59:00
wEdge Version: 5.1.9355.17594
Assembly Date: 2025/08/12

Burgess, Marshall

The District Health Department

CASWELL - CHATHAM - LEE - PERSON COUNTIES

A

Water Supply and Sewage Disposal

IMPROVEMENTS PERMIT No. G-3058

Date March 1, 1985

Lot

Block

Map 9711

Owner: Marshall Burgess

Location: SR 2163 on left ≈ 2 mi from

Hwy 64

Contractor:

Water Supply: Private X Public

Lot to right of house at

stake w/ Blue ribbon

Sewage Disposal Facilities: No. bedrooms _____ Dishwasher, Disposal, washing machine, other automatic appliances _____

Size of tank: _____ Nitrification line: _____

Other disposal facility: _____

Water supply and sewage disposal facilities location, installation and protection must meet state and local regulations.

Septic tank should be pumped out every 3 to 5 years and shall be maintained by owner in such a manner as not to create a public health hazard. Septic tank and nitrification line MUST BE INSPECTED AND APPROVED BY A MEMBER OF THE DISTRICT HEALTH DEPARTMENT STAFF BEFORE ANY PORTION OF THE INSTALLATION IS COVERED AND PUT INTO USE.

Date approved: _____

Well: _____

Sewage Disposal: _____

By: _____

Signed D. J. Bunnie PS
Sanitarian

Counter-signed Marshall Burgess
(Owner or his representative)

Certificate of Completion

Date Approved: _____ By: _____
Sanitarian

(OVER)

Location of well and sewage disposal facilities sketched on back.

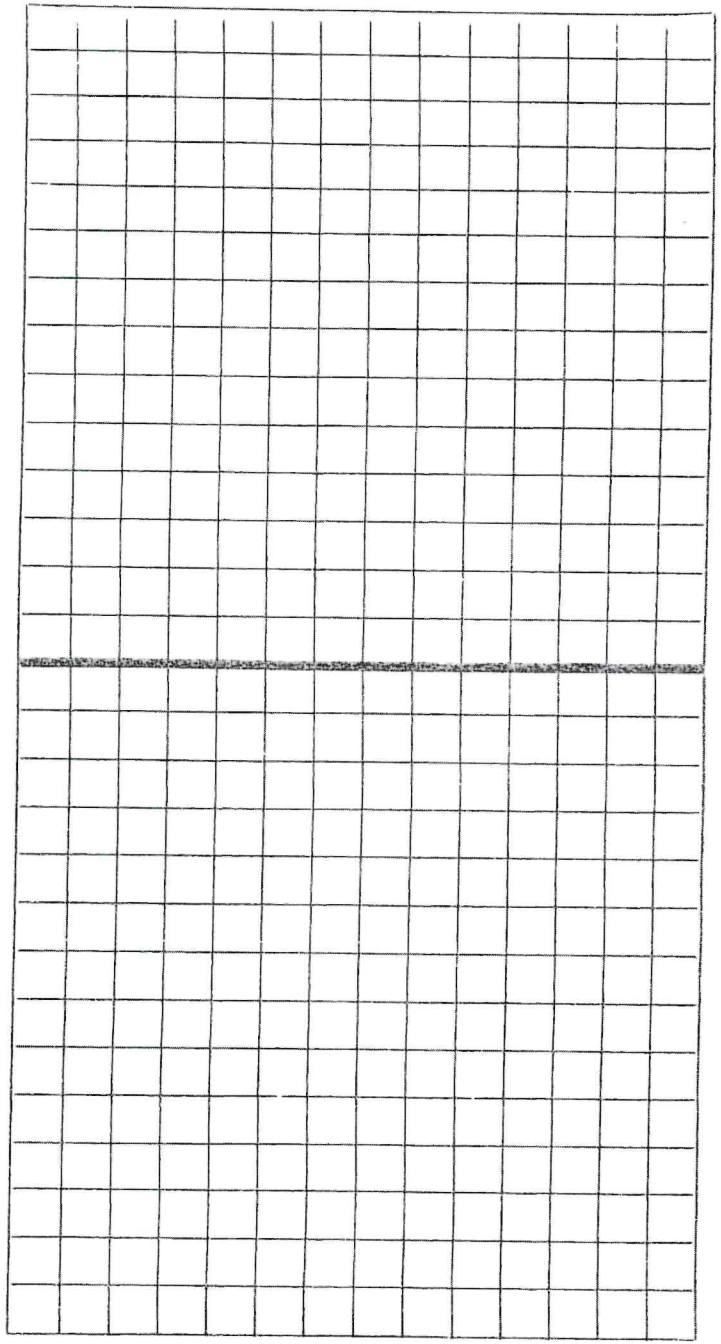
parcel # 006018

B

NOTE: Make sketch of installation showing lot size and shape, location of house, septic tanks, privies, water supplies, etc. Note special problems existing on lot. Write in measurements in order that installations may be located at later date. Note location of water supplies on adjacent lots.

(1)

(2)



NORTH CAROLINA DEPARTMENT OF NATURAL AND ECONOMIC RESOURCES

OFFICE OF WATER AND AIR RESOURCES

GROUND WATER DIVISION

P. O. BOX 27687 – RALEIGH, N. C. 27611

C

NOV 22 1985

WELL RECORD

DRILLING CONTRACTOR W. W. Maness & Sons REG. NO. 58 WELL CONSTRUCTION PERMIT NO.

1. WELL LOCATION: (Show a sketch of the location on back of form)
   Nearest Town: _____ County: Chatham
   _____ (Road, Community or Subdivision and Lot No.) Quadrangle No. _____
2. OWNER: Linda Burgess
3. ADDRESS: Alex Cockman Rd SR. 2163
4. TOPOGRAPHY: draw, valley, slope, hilltop, flat
5. USE OF WELL: Home DATE: 5-22-85
6. DOES THIS WELL REPLACE AN EXISTING WELL? NO
7. TOTAL DEPTH: 160' RIG TYPE OR METHOD: Air
8. FORMATION SAMPLES COLLECTED: ☐ YES No. of Bags _____
9. CASING:

	Depth		Inside Diam.	Wall thick. or weight/ft.	Type
From 0	to 75'	ft.	6"	188	Galv

10. GROUT:

	Depth		Material	Method
From 0	to 20	ft	Cement	pump

11. SCREEN:

	Depth		Diam.	Type and Opening
From	to	ft.		

12. GRAVEL:

	Depth		Size	Material
From	to	ft.		

13. WATER ZONES (depth): 90' 140'
14. STATIC WATER LEVEL: 25 ft. above / below top of casing.
    Casing is 1 ft. above land surface. ELEV. _____
    DATE MEASURED: _____
15. YIELD (gpm): 12 METHOD OF TESTING: Air
16. PUMPING WATER LEVEL: _____ ft. after _____ hours
    at _____ gpm.
17. CHLORINATION: Type _____ Amount _____
18. WATER QUALITY: _____ TEMPERATURE (°F) _____
19. PERMANENT PUMP: (Show a sketch of well head on back of form)
    Date installed _____ Type _____ Make _____
    Capacity _____ (gpm) HP _____
    Intake Depth _____ Airline Depth _____
20. HAVE YOU INFORMED THE WELL OWNER OF THE DEPARTMENTS REQUIREMENTS AND RECOMMENDATIONS? _____
21. REMARKS: _____

I do hereby certify that this well record is true and exact.

Michael Mineer

SIGNATURE OF CONTRACTOR OR AGENT DATE

DRILLING LOG

DEPTH FROM	DEPTH TO	FORMATION DESCRIPTION
0	70'	Red Clay & Sandstone
70'	160'	Blue Slate

Form GW-1 White Copy: Office of Water and Air Resources; Blue: Driller; Canary: Owner

D

WELL HEAD COMPLETION: Draw a sketch of the well head showing casing, pump piping, seals, vents, access port, grout, and enclosure.

WELL LOCATION: Draw a location sketch showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

The District Health Department

CASWELL - CHATHAM - LEE - PERSON COUNTIES

Lot

Block

Map 9711

Water Supply and Sewage Disposal

IMPROVEMENTS PERMIT No. G-3057

Date March 1, 1985

Owner: Marshall Burgess

Location: SR 2163 on left ~2 mi. from Hwy 64

Contractor:

Water Supply: Private X Public

300 GPD @ .3 gal/sq/ft/day to serve 3

Sewage Disposal Facilities: No. bedrooms 3 Dishwasher, Disposal, washing machine, other automatic appliances

Size of tank: 1200 gal Nitrification line: 400' x 3'

or equiv. Max. trench depth 24" -

Other disposal facility: Maintain 10' off Property line

Water supply and sewage disposal facilities location, installation and protection must meet state and local regulations.

Septic tank should be pumped out every 3 to 5 years and shall be maintained by owner in such a manner as not to create a public health hazard. Septic tank and nitrification line MUST BE INSPECTED AND APPROVED BY A MEMBER OF THE DISTRICT HEALTH DEPARTMENT STAFF BEFORE ANY PORTION OF THE INSTALLATION IS COVERED AND PUT INTO USE.

Date approved:

Well:

Sewage Disposal:

By:

Signed C. J. Brown B
Sanitarian

Counter-signed Marshall Burgess
(Owner or his representative)

Certificate of Completion

Date Approved: 10/3/85 By: Tracy Lilley
Sanitarian

(OVER)

Location of well and sewage disposal facilities sketched on back.

NOTE: Make sketch of installation showing lot size and shape, location of house, septic tanks, privies, water supplies, etc. Note special problems existing on lot. Write in measurements in order that installations may be located at later date. Note location of water supplies on adjacent lots.