

PETITION FOR VOLUNTARY ANNEXATION

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Application #: 815
 Fee Paid: \$ 200.00

Submittal Date: 9-18-2025
 Check #: CC

TO THE TOWN COUNCIL APEX, NORTH CAROLINA

1. We, the undersigned owners of real property, respectfully request that the area described in Part 4 below be annexed to the Town of Apex, Wake County, Chatham County, North Carolina.
2. The area to be annexed is contiguous, non-contiguous (satellite) to the Town of Apex, North Carolina and the boundaries are as contained in the metes and bounds description attached hereto.
3. If contiguous, this annexation will include all intervening rights-of-way for streets, railroads, and other areas as stated in G.S. 160A-31(f), unless otherwise stated in the annexation amendment.

OWNER INFORMATION

PIN # 0733411651

SJA GLOBAL ADVISORS INC. BOOK # 018364 Page # 00224,
 Owner Name (Please Print) Property PIN or Deed Book & Page # 225,
919 300 5550 RAMJEY @ GMAIL.COM 226
 Phone E-mail Address

~~Owner Name (Please Print)~~ ~~Property PIN or Deed Book & Page #~~

~~Phone~~ ~~E-mail Address~~

~~Owner Name (Please Print)~~ ~~Property PIN or Deed Book & Page #~~

~~Phone~~ ~~E-mail Address~~

SURVEYOR INFORMATION

Surveyor: META GEOMATICS
 Phone: 919 612 1187 Fax: _____
 E-mail Address: CHAN @ META GEOMATICS.COM

ANNEXATION SUMMARY CHART

Property Information		Reason(s) for annexation (select all that apply)
Total Acreage to be annexed:	<u>4.53</u> 4.22	Need water service due to well failure <input checked="" type="checkbox"/>
Population of acreage to be annexed:	4.22 <u>6</u>	Need sewer service due to septic system failure <input checked="" type="checkbox"/>
Existing # of housing units:	<u>1</u>	Water service (new construction) <input type="checkbox"/>
Proposed # of housing units:	_____	Sewer service (new construction) <input type="checkbox"/>
Zoning District*:	<u>RR</u>	Receive Town Services <input checked="" type="checkbox"/>

*If the property to be annexed is not within the Town of Apex's Extraterritorial Jurisdiction, the applicant must also submit a rezoning application with the petition for voluntary annexation to establish an Apex zoning designation. Please contact the Planning Department with questions.

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COMPLETE IF SIGNED BY INDIVIDUALS:

All individual owners must sign. (If additional signatures are necessary, please attach an additional sheet.)

Please Print

Please Print

Please Print

Please Print

Signature

Signature

Signature

Signature

STATE OF NORTH CAROLINA
COUNTY OF WAKE

Sworn and subscribed before me, _____, a Notary Public for the above State and County,
this the _____ day of _____, 20____.

Notary Public

SEAL

My Commission Expires: _____

COMPLETE IF A CORPORATION:

In witness whereof, said corporation has caused this instrument to be executed by its President and attested by its Secretary by order of its Board of Directors, this the 11th day of September, 2025.

Corporate Name SJA Global Advisors LLC

SEAL

Attest: [Signature]
ANITA ZAGOTHAMAN
Secretary (Signature)

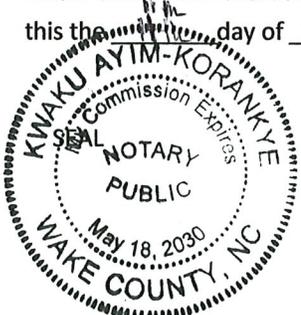
By: [Signature]
President (Signature)

STATE OF NORTH CAROLINA
COUNTY OF WAKE

Sworn and subscribed before me, KWAKU AYIM-KORANKYE, a Notary Public for the above State and County,
this the 11th day of SEPTEMBER, 2025.

[Signature]
Notary Public

My Commission Expires: 05-18-2030



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COMPLETE IF IN A LIMITED LIABILITY COMPANY

In witness whereof, _____ a limited liability company, caused this instrument to be executed in its name by a member/manager pursuant to authority duly given, this the ____ day of _____, 20____.

Name of Limited Liability Company _____

By: _____
Signature of Member/Manager

STATE OF NORTH CAROLINA
COUNTY OF WAKE

Sworn and subscribed before me, _____, a Notary Public for the above State and County, this the ____ day of _____, 20____.

Notary Public

SEAL

My Commission Expires: _____

COMPLETE IF IN A PARTNERSHIP

In witness whereof, _____, a partnership, caused this instrument to be executed in its name by a member/manager pursuant to authority duly given, this the ____ day of _____, 20____.

Name of Partnership _____

By: _____
Signature of General Partner

STATE OF NORTH CAROLINA
COUNTY OF WAKE

Sworn and subscribed before me, _____, a Notary Public for the above State and County, this the ____ day of _____, 20____.

Notary Public

SEAL

My Commission Expires: _____