

PETITION FOR VOLUNTARY ANNEXATION

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Application #: Annexation # 776
Fee Paid: \$ 200.00

Submittal Date: 1-23-2024
Check #: 19290

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

SUNDANCE OF NC LLC
Owner Name (Please Print)
843 458 4353
Phone

D.B. 1943A, PG. 1176
Property PIN or Deed Book & Page #
crhelton1@gmail.com
E-mail Address

Owner Name (Please Print)

Phone

Property PIN or Deed Book & Page #

E-mail Address

Owner Name (Please Print)

Phone

Property PIN or Deed Book & Page #

E-mail Address

SURVEYOR INFORMATION

Surveyor: SMITH & SMITH SURVEYORS, P.A.
Phone: 919 362-7111 Fax: N/A
E-mail Address: staley@smithandsmithsurveyors.net

ANNEXATION SUMMARY CHART

Property Information	Reason(s) for annexation (select all that apply)
Total Acreage to be annexed: <u>approx. 2.9 ac.</u>	Need water service due to well failure <input type="checkbox"/>
Population of acreage to be annexed: <u>0</u>	Need sewer service due to septic system failure <input type="checkbox"/>
Existing # of housing units: <u>0</u>	Water service (new construction) <input type="checkbox"/>
Proposed # of housing units: <u>8</u>	Sewer service (new construction) <input checked="" type="checkbox"/>
Zoning District*: <u>MD-CZ</u>	Receive Town Services <input 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.

PETITION FOR VOLUNTARY ANNEXATION

Application #: Annexation #776

Submittal Date: 1-23-2024

COMPLETE IF SIGNED BY INDIVIDUALS:

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

_____	Please Print	_____	Signature
_____	Please Print	_____	Signature
_____	Please Print	_____	Signature
_____	Please Print	_____	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 _____ day of _____, 20_____.

Corporate Name _____

SEAL

By: _____

Attest: _____
President (Signature)

Secretary (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: _____

PETITION FOR VOLUNTARY ANNEXATION

Application #: Annexation # 776

Submittal Date: 1-23-2024

COMPLETE IF IN A LIMITED LIABILITY COMPANY

In witness whereof, SUNDANCE OF NC a limited liability company, caused this instrument to be executed in its name by a member/manager pursuant to authority duly given, this the 23rd day of JANUARY, 2024.

Name of Limited Liability Company SUNDANCE OF NC LLC

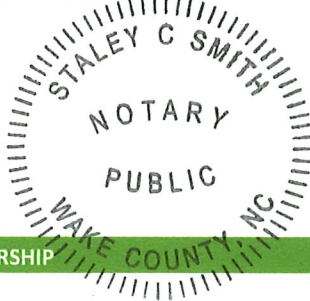
By: *Carl R Helton*
Signature of Member/Manager

STATE OF NORTH CAROLINA
COUNTY OF WAKE

Sworn and subscribed before me, STALEY C. SMITH, a Notary Public for the above State and County, this the 23rd day of JANUARY, 2024.

Staley C. Smith
Notary Public

SEAL



My Commission Expires: 10/6/26

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: _____