

PETITION FOR VOLUNTARY ANNEXATION

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Application #: #834
Fee Paid: \$ 300.00

Submittal Date: 6-22-2026
Check #: 4399

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

BRENDA MORRISON JOHNSON 669-107 1996 264
Owner Name (Please Print) Property PIN or Deed Book & Page #

757-351-9883 BRENDAANDJOHN19@gmail.com
Phone E-mail Address

TOWANA SHERELL MORRISON SAME AS ABOVE
Owner Name (Please Print) Property PIN or Deed Book & Page #

757-842-0019 smorrison9917@gmail.com
Phone E-mail Address

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

Phone E-mail Address

SURVEYOR INFORMATION

Surveyor: BENTON DEWAR and Associates

Phone: 919 552-9813 Fax: _____

E-mail Address: benton dewar @ gmail . com

ANNEXATION SUMMARY CHART

Property Information	Reason(s) for annexation (select all that apply)
Total Acreage to be annexed: <u>1.33</u>	Need water service due to well failure ☐
Population of acreage to be annexed: <u>2</u>	Need sewer service due to septic system failure ☐
Existing # of housing units: <u>1</u>	Water service (new construction) ☐
Proposed # of housing units: <u>0</u>	Sewer service (new construction) ☐
Zoning District*: <u>RR</u>	Receive Town Services ☒

*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.)

Brenda MORRISON JOHNSON
Please Print

Brenda Morrison Johnson
Signature

Tawana Sherell Morrison
Please Print

Tawana Sherell Morrison
Signature

Please Print

Signature

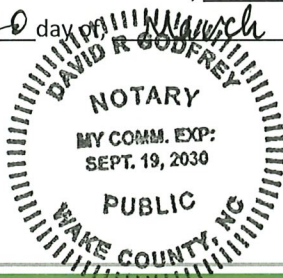
Please Print

Signature

STATE OF NORTH CAROLINA
COUNTY OF WAKE

Sworn and subscribed before me, the undersigned, a Notary Public for the above State and County,
this the 30 day of March, 2026.

SEAL



[Signature]
Notary Public

My Commission Expires: 09/19/2030

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: _____