PETITION FOR VOLUNTARY ANNEXATION

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Application #:	821	Submittal Date:	12/1/25
Fee Paid	$ 300.00	Check #	6863

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

Anthony (deceased) and Delois Richardson	0721448562
Owner Name (Please Print)	Property PIN or Deed Book & Page #
919 266-4500	George@hamrick-galanis.com
Phone	E-mail Address
Anthony (deceased) and Delois Richardson	0721442048
Owner Name (Please Print)	Property PIN or Deed Book & Page #
919 266-4500	George@hamrick-galanis.com
Phone	E-mail Address
Owner Name (Please Print)	Property PIN or Deed Book & Page #
Phone	E-mail Address

SURVEYOR INFORMATION

Surveyor: Priest, Craven & Associates, Inc. atten. Jody Deuel

Phone: 919 781-0300 Fax: 919 782-1288

E-mail Address: jdeuel@priestcraven.com pca@priestcraven.com

ANNEXATION SUMMARY CHART

Property Information		Reason(s) for annexation (select all that apply)	
Total Acreage to be annexed:	16.29	Need water service due to well failure	☐
Population of acreage to be annexed:	2	Need sewer service due to septic system failure	☐
Existing # of housing units:	1	Water service (new construction)	☑
Proposed # of housing units:	72	Sewer service (new construction)	☑
Zoning District*:	PUD-CZ	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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Application #: 821 Submittal Date: 12-1-2025

COMPLETE IF SIGNED BY INDIVIDUALS:

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

George N. Hamrick, Commissioner — Please Print
George N. Hamrick Commissioner — Signature

_____ — Please Print
_____ — 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 10 day of November, 20 25.

SEAL

AMANDA M SIMPSON NOTARY PUBLIC WAKE COUNTY, NC

Amanda M Simpson
Notary Public

My Commission Expires: 8/24/2030

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: _____
President (Signature)

Attest:

_____
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 #: _____ Submittal Date: _____

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: _____