

PETITION FOR VOLUNTARY ANNEXATION

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Application #: 830
Fee Paid: \$ 300.00

Submittal Date: 5-4-2026
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

Hope Mills Homes, LLC	0712-70-5757
Owner Name (Please Print)	Property PIN or Deed Book & Page #
(917) 371-7175	sanjay.khazanchi@gmail.com
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: Smith & Smith Surveyors
Phone: (919) 362-7111 Fax:
E-mail Address: ben@smithandsmithsurveyors.net

ANNEXATION SUMMARY CHART

Property Information	Reason(s) for annexation (select all that apply)
Total Acreage to be annexed: <u>3.662</u> 3.62	Need water service due to well failure ☐
Population of acreage to be annexed: <u>unknown</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>3</u>	Sewer service (new construction) ☐
Zoning District*: <u>RR-CZ</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.)

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: _____

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COMPLETE IF IN A LIMITED LIABILITY COMPANY

In witness whereof, Hope Mills Homes a limited liability company, caused this instrument to be executed in its name by a member/manager pursuant to authority duly given, this the 20 day of April, 2026

Name of Limited Liability Company Hope Mills Homes, LLC

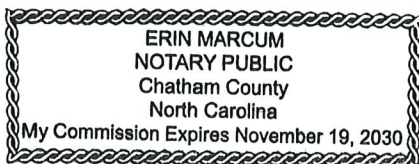
By: J. Khazanchi
Signature of Member/Manager

STATE OF NORTH CAROLINA
COUNTY OF ~~WAKE~~ CHATHAM

Sworn and subscribed before me, Sanjay Khazanchi, a Notary Public for the above State and County, this the 20th day of April, 2026.

[Signature]
Notary Public

SEAL



My Commission Expires: November 19, 2030

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: _____