

PETITION FOR VOLUNTARY ANNEXATION

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Application #: 675 Submittal Date: 10/1/2019
Fee Paid: \$ 200.00 Check #: 33085622

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, 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

| | |
|---------------------------|---|
| DRP NC 4, LLC | 073332 -9316,-6797 & 073342 -2608,-4410,-4096,-1758 |
| Owner Name (Please Print) | Property PIN or Deed Book & Page # |
| <u>212-751-5965</u> | <u>MEAGHAN.MAHONEY@DWPARTNERS.COM</u> |
| 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: MSS Land Land Consultants, PC
Phone: 919-510-4434 x23 Fax: _____
E-mail Address: gowersw@mssland.com

Annexation Summary Chart

| | | | |
|--------------------------------------|---------------|-------------------------------------|----------|
| Total Acreage to be annexed: | <u>24.18</u> | Reason for annexation: (select one) | |
| Population of acreage to be annexed: | _____ | Receive Town Services | <u>X</u> |
| Existing # of housing units: | <u>3</u> | Other (please specify) | _____ |
| Zoning District*: | <u>PUD-CZ</u> | | |

*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 for questions.

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COMPLETE IF IN A LIMITED LIABILITY COMPANY

In witness whereof, DRP NC 4, LLC, a Delaware limited liability company, caused this instrument to be executed in its name by the Authorized Signatory of DW General Partner, LLC, its Manager pursuant to authority duly given, this the 10th day of January, 2020.

Name of Limited Liability Company DRP NC 4, LLC
By: DW General Partner, LLC, its Manager

By: [Signature]
Signature of Member/Manager

STATE OF NEW YORK

COUNTY OF NEW YORK

Sworn and subscribed before me, Meaghan Mahoney, a Notary Public for the above State and County, this the 10th day of January, 2020.

[Signature]
Notary Public

SEAL

MEAGHAN MAHONEY
Notary Public, State of New York
Reg. No. 01MA6346999
Qualified in Nassau County
My Commission Expires 8/22/2020

My Commission Expires: 8/22/2020

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: _____