

PETITION FOR VOLUNTARY ANNEXATION

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Application #: _____
Fee Paid \$ _____

Submittal Date: _____
Check # _____

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

Sri Lakshmi Koneru	0713-71-9698 & 0713-71-9580
Owner Name (Please Print)	Property PIN or Deed Book & Page #
Phone	kp@konerugroup.com
Ramya Devabhakthuni	0713-71-9698 & 0713-71-9580
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: Freehold Land Surveys, Inc. - Steve Hallstrom, PLS
Phone: (919) 929-8090 Fax: _____
E-mail Address: steve@freeholdlandsurveys.com

ANNEXATION SUMMARY CHART

Property Information		Reason(s) for annexation (select all that apply)
Total Acreage to be annexed:	3.35	<input type="checkbox"/> Need water service due to well failure
Population of acreage to be annexed:	0	<input type="checkbox"/> Need sewer service due to septic system failure
Existing # of housing units:	1	<input type="checkbox"/> Water service (new construction)
Proposed # of housing units:	4	<input type="checkbox"/> Sewer service (new construction)
Zoning District*:	LD	<input checked="" type="checkbox"/> 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.

PETITION FOR VOLUNTARY ANNEXATIONApplication #: 807Submittal Date: 8-1-2025**COMPLETE IF SIGNED BY INDIVIDUALS:**

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

SRI LAKSHMI KONERU
Please PrintSri Lakshmi..
Signature

Please Print

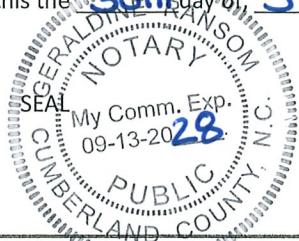
Signature

Please Print

Signature

Please Print

Signature

STATE OF NORTH CAROLINA
COUNTY OF WAKESworn and subscribed before me, Geraldine Ransom, a Notary Public for the above State and County,
this the 30th day of JUNE, 2025Geraldine Ransom
Notary PublicMy Commission Expires: 09/13/2028**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 WAKESworn 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 ANNEXATIONApplication #: 807Submittal Date: 8-1-2025**COMPLETE IF SIGNED BY INDIVIDUALS:**

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

RAMYA DEVARBHAKTHUNI
Please PrintD. Ramya
Signature

Please Print

Signature

Please Print

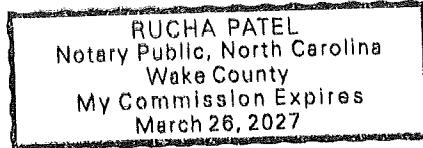
Signature

Please Print

Signature

STATE OF NORTH CAROLINA
COUNTY OF WAKESworn and subscribed before me, Rucha Patel, a Notary Public for the above State and County, this the 15th day of, July, 2025.

SEAL



Notary Public

My Commission Expires:

March 26, 2027**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: