

PETITION FOR VOLUNTARY ANNEXATION

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Application #: 809
Fee Paid: \$ 300.00

Submittal Date: 8/2/2025
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

Amandalee 2 LLC
Owner Name (Please Print)
(919) 622-0513
Phone

0733159049
Property PIN or Deed Book & Page #
thugler5@aol.com
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: Copers and Associates Surveyors, PA - Colleen Jewell
Phone: (919) 469-1760 Fax: _____
E-mail Address: Survey@copersurveyors.com

ANNEXATION SUMMARY CHART

Property Information	Reason(s) for annexation (select all that apply)
Total Acreage to be annexed: <u>1.25</u>	Need water service due to well failure ☐
Population of acreage to be annexed: _____	Need sewer service due to septic system failure ☐
Existing # of housing units: <u>1 (to be removed)</u>	Water service (new construction) ☐
Proposed # of housing units: _____	Sewer service (new construction) ☐
Zoning District*: <u>O.I. - 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.

PETITION FOR VOLUNTARY ANNEXATION

Application #: 809

Submittal Date: 8-26-2025

COMPLETE IF IN A LIMITED LIABILITY COMPANY

In witness whereof, Amandalee 2, LLC a limited liability company, caused this instrument to be executed in its name by a member/manager pursuant to authority duly given, this the 12th day of August, 2025

Name of Limited Liability Company

By:

Signature of Member/Manager

STATE OF NORTH CAROLINA
COUNTY OF WAKE

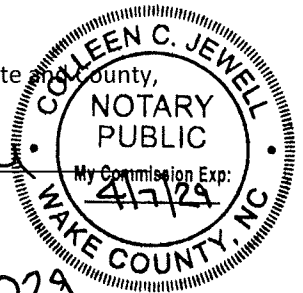
Sworn and subscribed before me, Colleen C. Jewell, a Notary Public for the above State and County, this the 12th day of August, 2025

Notary Public

SEAL

My Commission Expires:

4/7/2029



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: