

## PETITION FOR VOLUNTARY ANNEXATION

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Application #: 804 Submittal Date: 6-2-2025  
Fee Paid: \$ 300.00 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

Beazer Homes LLC	0731-10-7868
Owner Name (Please Print)	Property PIN or Deed Book & Page #
(919) 995-5607	daniel.zinner@beazer.com
Phone	E-mail Address
Beazer Homes LLC	0791-10-7055
Owner Name (Please Print)	Property PIN or Deed Book & Page #
(919) 995-5607	daniel.zinner@beazer.com
Phone	E-mail Address
Owner Name (Please Print)	Property PIN or Deed Book & Page #
Phone	E-mail Address

### SURVEYOR INFORMATION

Surveyor: Bohler Engineering  
Phone: (919) 578-9000 Fax: \_\_\_\_\_  
E-mail Address: Dylan Teabo dteabo@bohlereng.com

### ANNEXATION SUMMARY CHART

Property Information	Reason(s) for annexation (select all that apply)
Total Acreage to be annexed: <u>26.218</u>	Need water service due to well failure <input type="checkbox"/>
Population of acreage to be annexed: <u>0</u>	Need sewer service due to septic system failure <input type="checkbox"/>
Existing # of housing units: <u>1</u>	Water service (new construction) <input checked="" type="checkbox"/>
Proposed # of housing units: <u>148</u>	Sewer service (new construction) <input checked="" type="checkbox"/>
Zoning District*: <u>PUD</u>	Receive Town Services <input checked="" type="checkbox"/>

\*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, BEAZER HOMES 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 12 day of May, 2025.

Name of Limited Liability Company BEAZER HOMES LLC

By: *Daniel Beizer*  
Signature of Member/Manager

STATE OF NORTH CAROLINA  
COUNTY OF WAKE

Sworn and subscribed before me, Grant Shaddock, a Notary Public for the above State and County, this the 12<sup>th</sup> day of May, 2025.

SEAL

GRANT SHADDUCK  
NOTARY PUBLIC  
Wake County  
North Carolina  
My Commission Expires June 14, 2028

*Grant Shaddock*  
Notary Public

My Commission Expires: June 14, 2028

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\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_