

# RESOLUTION DIRECTING THE TOWN CLERK TO INVESTIGATE PETITION RECEIVED UNDER G.S.§ 160A-31

Annexation Petition# 725
Bruce L. Thomas (7700 Humie Olive Road)

WHEREAS, G.S. §160-A 31 provides that the sufficiency of the petition shall be investigated by the Town Clerk before further annexation proceedings may take place; and

WHEREAS, the Town Council of the Town of Apex deems it advisable to proceed in response to this request for annexation;

NOW, THEREFORE, BE IT RESOLVED by the Town Council of the Town of Apex, that the Town Clerk is hereby directed to investigate the sufficiency of the above-described petition and to certify to the Town Council the result of her investigation.

This the 8th day of February 2022.

|                                               | Jacques K. Gilbert<br>Mayor |  |
|-----------------------------------------------|-----------------------------|--|
| ATTEST:                                       |                             |  |
| Jontesca Silver, CMC, NCCMC Deputy Town Clerk |                             |  |



#### CERTIFICATE OF SUFFICIENCY BY THE TOWN CLERK

Annexation Petition #725
Bruce L. Thomas (7700 Humie Olive Road)

#### To: The Town Council of the Town of Apex, North Carolina

I, Jontesca Silver, Deputy Town Clerk, do hereby certify that I have investigated the annexation petition attached hereto, and have found, as a fact, that said petition is signed by all owners of real property lying in the area described therein, in accordance with G.S.§ 160A-31, as amended.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Town of Apex, North Carolina this 8<sup>th</sup> day of February 2022.

Jontesca Silver, CMC, NCCMC Deputy Town Clerk

(Seal)

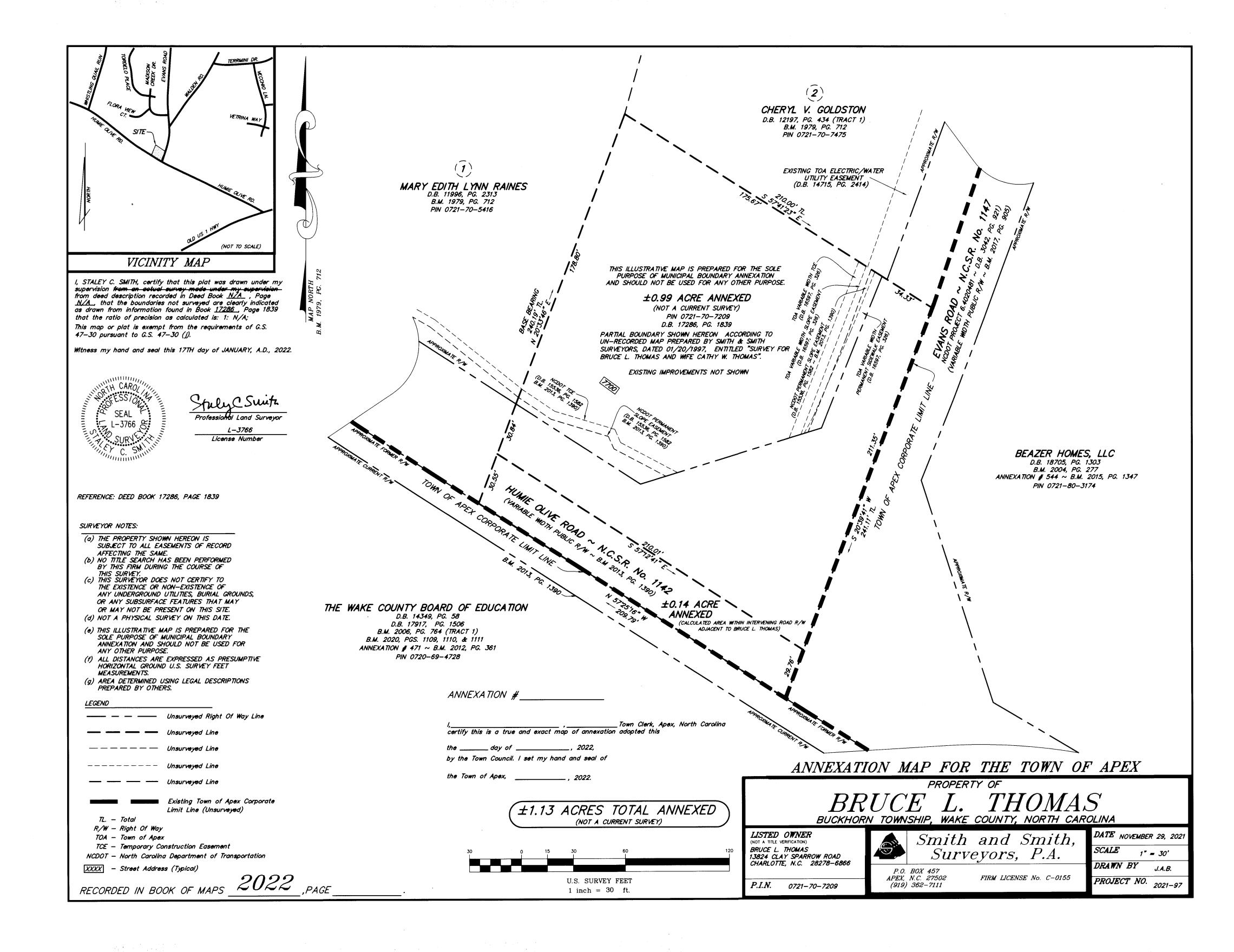
| Application #:                                                                                                  | lina Public Records Act and may be published on the Town's website or disclosed to third parties  Submittal Date: |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| Fee Paid \$ 200.00                                                                                              | Check # /236                                                                                                      |
| To The Town Council Apex, North Carolin                                                                         |                                                                                                                   |
| We, the undersigned owners of real prop<br>to the Town of Apex,                                                 | perty, respectfully request that the area described in Part 4 below be annexe<br>Chatham County, North Carolina   |
| 2. The area to be annexed is Contiguous                                                                         | s, non-contiguous (satellite) to the Town of Apex, North Carolina and the and bounds description attached hereto. |
| <ol> <li>If contiguous, this annexation will include<br/>G.S. 160A-31(f), unless otherwise stated in</li> </ol> | all intervening rights of way favor                                                                               |
| Owner Information                                                                                               |                                                                                                                   |
| BRUCE L. THOMAS                                                                                                 | 0721-70-7209                                                                                                      |
| Owner Name (Please Print)                                                                                       | Property PIN or Deed Book & Page #                                                                                |
| 919-630-6082<br>Phone                                                                                           | bthomascpa@gmail.com                                                                                              |
| Filone                                                                                                          | 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 SUR                                                                                     | veyors, p.A.                                                                                                      |
| Phone: 919 362-7111                                                                                             | Fax: Na                                                                                                           |
| E-mail Address: Staley @ swithal                                                                                | udgmithsurveyors, net                                                                                             |
| INNEXATION SUMMARY CHART                                                                                        |                                                                                                                   |
| Property Information                                                                                            | Reason(s) for annexation (select all that apply)                                                                  |
| otal Acreage to be annexed:                                                                                     | Need water service due to well 6-1                                                                                |
| opulation of acreage to be annexed:                                                                             |                                                                                                                   |
| xisting # of housing units:                                                                                     | Need sewer service due to septic system failure  Water service (new construction)                                 |
| roposed # of housing units:                                                                                     |                                                                                                                   |
| oning District*:                                                                                                | Sewer service (new construction)                                                                                  |
|                                                                                                                 | 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 Department of Planning and Community Development with questions.

Serie de la companya della companya

PETITION FOR VOLUNTARY ANNEXATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Submittal Date:                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| COMPLETE IF SIGNED BY INDIVIDUALS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         |
| All individual owners must sign. (If addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | anal signatures are assured                                                                             |
| Bree L. Phones                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | onal signatures are necessary, please attach an additional sheet.)                                      |
| Please Print                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sure J. How                                                                                             |
| ricase i ilit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Signature                                                                                               |
| Please Print                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Signature                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Digitale                                                                                                |
| Please Print                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Signature                                                                                               |
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| Please Print<br>STATE OF NORTH CAROLINA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Signature                                                                                               |
| COUNTY OF WAKE Mechlenburg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                         |
| 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         |
| Sworn and subscribed before me, Bru                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | a Notary Public for the above State and County,                                                         |
| this the 13th day of, December                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                         |
| WINT SILVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Solvin C. Salve                                                                                         |
| SEAL ON TO STAND OF THE PROPERTY OF THE PROPER | Notary Public                                                                                           |
| ARY OF E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
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| Z PUS CE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | - 14140AD                                                                                               |
| OMPLETE IF A COPPURATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |
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| witness whereof, said corporation has cau                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | used this instrument to be executed by its President and attacted by its                                |
| ecretary by order of its Board of Directors,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | used this instrument to be executed by its President and attested by its this the day of, 20 .          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20                                                                                                      |
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| SEAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Corporate Name                                                                                          |
| SEAL C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Corporate Name  By:                                                                                     |
| SEAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Corporate Name  By:                                                                                     |
| SEAL Attest: Gecretary (Signature) TATE OF NORTH CAROLINA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Corporate Name  By:                                                                                     |
| SEAL Attest: Secretary (Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Corporate Name  By:                                                                                     |
| SEAL  Attest:  Secretary (Signature)  TATE OF NORTH CAROLINA DUNTY OF WAKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Corporate Name  By:  President (Signature)                                                              |
| SEAL  Attest:  Gecretary (Signature)  TATE OF NORTH CAROLINA DUNTY OF WAKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | By:  President (Signature)                                                                              |
| SEAL  Attest:  Secretary (Signature)  TATE OF NORTH CAROLINA DUNTY OF WAKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | By:  President (Signature)                                                                              |
| SEAL  Attest:  Gecretary (Signature)  TATE OF NORTH CAROLINA DUNTY OF WAKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | By:  President (Signature)  a Notacy Public for the above State and County,  20                         |
| SEAL  Attest:  Gecretary (Signature)  TATE OF NORTH CAROLINA DUNTY OF WAKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | By:  President (Signature)                                                                              |





### Wake County Real Estate Data **Account Summary**

PIN # 0721707209

Account

<u>iMaps</u> Tax Bills

Search

**Property Description BRUCE L & CATHY W THOMAS** 

Pin/Parcel History Search Results New Search

NORTH CAROLINA Account | Buildings | Land | Deeds | Notes | Sales | Photos | Tax Bill | Map

| Property Owner THOMAS, BRUCE L |                      | Owner's Mailin       | •          |                       | Property Location Address 7700 HUMIE OLIVE RD |  |
|--------------------------------|----------------------|----------------------|------------|-----------------------|-----------------------------------------------|--|
|                                | ol owners) CHARLOTTE |                      |            |                       |                                               |  |
| Administrative Data Transfer   |                      | Transfer Information |            | Assessed Value        |                                               |  |
| Old Map #                      | 669-00000-0030       |                      |            |                       |                                               |  |
| Map/Scale                      | 0721 04              | Deed Date            | 11/6/2018  | Land Value Assessed   | \$104,000                                     |  |
| vcs                            | 03AP900              | Book & Page          | 17286 1839 | Bldg. Value Assessed  | \$35,957                                      |  |
| City                           |                      | Revenue Stamps       |            |                       |                                               |  |
| Fire District                  | 23                   | Pkg Sale Date        | 1/24/1997  |                       |                                               |  |
| Township                       | BUCKHORN             | Pkg Sale Price       | \$20,000   | Tax Relief            |                                               |  |
| Land Class                     | R-<10-HS             | Land Sale Date       |            |                       |                                               |  |
| ETJ                            | AP                   | Land Sale Price      |            | Land Use Value        |                                               |  |
| Spec Dist(s)                   |                      | Use Value Deferment  |            |                       |                                               |  |
| Zoning                         | RR                   | Improvement Summary  | 1          | Historic Deferment    |                                               |  |
| History ID 1                   |                      | ,                    |            | Total Deferred Value  |                                               |  |
| History ID 2                   |                      | Total Units          | 1          |                       |                                               |  |
| Acreage                        | .62                  | Recycle Units        | 1          |                       |                                               |  |
| Permit Date                    | 12/29/2021           | Apt/SC Sqft          |            | Use/Hist/Tax Relief   |                                               |  |
| Permit #                       | 0000210309           | Heated Area          | 1,040      | Assessed              |                                               |  |
|                                |                      |                      | .,         | Total Value Assessed* | \$139,957                                     |  |

\*Wake County assessed building and land values reflect the market value as of January 1, 2020, which is the date of the last county-wide revaluation. Any inflation, deflation or other economic changes occurring after this date does not affect the assessed value of the property and cannot be lawfully considered when reviewing the value for adjustment.

The January 1, 2020 values will remain in effect until the next county-wide revaluation. Until that time, any real estate accounts created or new construction built is assessed according to the 2020 Schedule of Values.

For questions regarding the information displayed on this site, please contact the Department of Tax Administration at Taxhelp@wakegov.com or call 919-856-5400.

### SMITH & SMITH SURVEYORS, P.A. P.O. BOX 457 APEX, N.C. 27502 (919) 362-7111 FIRM LICENSE NO. C-0155

Lying and being in Buckhorn Township, Wake County, North Carolina and described more fully as follows to wit:

BEGINNING at a point being the southwestern property corner of Cheryl V. Goldston; thence with the southern property line of Cheryl V. Goldston, South 57°41'23" East, 210.00 feet to a point in the centerline of N.C.S.R. No. 1147 (Evans Road); thence with the road centerline, 20°39'41" West, 241.11 feet to a point on the former southern 60'(+/-)right-of-way line of N.C.S.R. No. 1142 (Humie Olive Road); thence with the former southern rightof-way line, North 57°25'16" West, 209.79 feet to a point on the former right-of-way line; thence North 20°33'46" East, 30.55 feet to the former centerline of N.C.S.R. No. 1142 (Humie Olive Road) being the southeast corner of Mary Edith Lynn Raines; thence with an eastern property line of Mary Edith Lynn Raines, North 20°33'46" East, 209.64 feet to the point and place of BEGINNING, containing 1.13 Acres more or less.

This description was prepared without the benefit of an actual survey for the sole purpose of municipal boundary annexation.

PRELIMINARY
THIS IS A PRELIMINARY DRAWING
AND IS NOT TO BE USED AS A
SURVEY OR TO TRANSFER ANY
PROPERTY SHOWN HEREON.



### RESOLUTION SETTING DATE OF PUBLIC HEARING ON THE QUESTION OF ANNEXATION PURSUANT TO G.S.§ 160A-31 AS AMENDED

# Annexation Petition #725 Bruce L. Thomas (7700 Humie Olive Road)

WHEREAS, a petition requesting annexation of the area described herein has been received; and

WHEREAS, the Town Council of Apex, North Carolina has by Resolution directed the Town Clerk to investigate the sufficiency thereof; and

WHEREAS, Certification by the Town Clerk as to the sufficiency of said petition has been made;

NOW, THEREFORE, BE IT RESOLVED by the Town Council of the Town of Apex, North Carolina that:

Section 1. A public hearing on the question of annexation of the area described herein will be held at the Apex Town Hall at 6 o'clock p.m. on February 22, 2022.

Section 2. The area proposed for annexation is described as attached.

Section 3. Notice of said public hearing shall be published on the Town of Apex Website, www.apexnc.org, Public Notice, at least ten (10) days prior to the date of said public hearing.

This the 8th day of February 2022.

|                                | Jacques K. Gilbert, Mayor |
|--------------------------------|---------------------------|
| ATTEST:                        |                           |
|                                |                           |
| Jontesca Silver, CMC, NCCMC, I | Deputy Town Clerk         |

### SMITH & SMITH SURVEYORS, P.A. P.O. BOX 457 APEX, N.C. 27502 (919) 362-7111 FIRM LICENSE NO. C-0155

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