



# Town of WALLACE

North Carolina

## Petition for Annexation

Date of Application: \_\_\_\_\_

Petition #: **AX**-\_\_\_\_\_

Assigned by Town

Name if Applicant: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**To: Town Council of Wallace**

We the undersigned owners of real property respectfully request that the following area be annexed into the Town of Wallace:

Contiguous:  Yes  No Deed Book: \_\_\_\_\_ Deed Page: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Duplin Co. PIN(S): \_\_\_\_\_ Zoning District(s): \_\_\_\_\_ Total Acreage: \_\_\_\_\_

The following items are attached:

- Attachment A** – A survey map showing the entire property to be annexed and tied to NC Grid system.
- Attachment B** – A complete current metes and bounds description.
- Attachment C** – A Duplin County GIS map showing proposed area and relation to Town Limits.
- Attachment D** – A mylar map (18x24) suitable for recording in accordance with G.S. 47-30.
- Attachment E** – Ten (10) paper copies of map (11x17).
- Attachment F** – A digital AutoCAD file of petitioned area.
- Attachment G** – A digital Microsoft Word file of metes and bounds description.

*We acknowledge that any zoning vested rights acquired pursuant to G.S. 160A-385.1 or G.S. 153A-344.1 must be declared and identified on this petition. We further acknowledge that failure to declare such rights on this petition shall result in a termination of vested rights previously acquired for the property. (If yes, indicate below and attached proof).*

1	_____ Printed Name _____ Signature _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Vested Rights _____ Address _____ City _____ State _____ Zip _____ Phone _____
2	_____ Printed Name _____ Signature _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Vested Rights _____ Address _____ City _____ State _____ Zip _____ Phone _____
3	_____ Printed Name _____ Signature _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Vested Rights _____ Address _____ City _____ State _____ Zip _____ Phone _____
4	_____ Printed Name _____ Signature _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Vested Rights _____ Address _____ City _____ State _____ Zip _____ Phone _____
5	_____ Printed Name _____ Signature _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Vested Rights _____ Address _____ City _____ State _____ Zip _____ Phone _____