



TOWN OF WAXHAW
 PLANNING & INSPECTIONS DIVISION
 P.O. Box 617
 1150 N. Broome St. Waxhaw, N.C 28173
 P (704) 843-2195 F (704) 843-2196
 www.waxhaw.com Hours: M-F / 8- 5

Date _____
 Fee _____
 Petition _____

Voluntary Annexation Application

Date of Application: _____

Applicant Name: _____ Telephone _____

Applicant Mailing Address: _____

Applicant Email Address: _____

Property Information

Name(s) of Property Owner(s)	Parcel Number	Acreage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owner Consent:

- Yes
- No

Property's Physical Address: _____

Legal

I (We) the undersigned owner (s) of the real property respectfully request that the area described below be annexed into the Town of Waxhaw, NC.

The area is contiguous to the Town of Waxhaw and boundary of such territory are as follow:

Please attach the legal description (meets & bounds).

We acknowledge that any zoning vested rights acquired pursuant to NCGS §160A-385.1 or NCGS §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.

Vested Rights: Do you declare vested rights?

- Yes
- No



Please attach proof of vested rights.

Disclaimer

This petition for annexation is not based upon any representation by the Town of Waxhaw that a public enterprise service available outside the corporate limits of the Town of Waxhaw would be withheld from the property without the petition of annexation.

I understand that this application is a public record and is subject to disclosure upon request pursuant to North Carolina Public Records Law (NCGS 132-1). I certify that the facts contained in this application are true and correct to the best of my knowledge.

All property owners must sign the petition.

Signature: _____

Title of authorized signature (if corporation) _____

Date: _____

Attachments

Deed: **Please attach the deed of the property.**

Deed-Book Number:

Deed-Page Number:

Property Survey * **Please attach an existing survey of the property.**

Abutting Property Owners * **Please attach a list of abutting property owners.**

The following shall be completed by the Zoning Administrator:

Based on the information hereby furnished to me, and my knowledge of the Waxhaw Land Development Code, **I HEREBY:**

APPROVE

DISAPPROVE

Comments/Conditions:

(Staff Reviewer)

(Date)

(Zoning Administrator)

(Date)