



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