

Town of Boone Voluntary Annexation Petition

Town of Boone Planning & Inspections Department

680 W. King Street, Suite C ♦ Boone, North Carolina 28607

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VOLUNTARY ANNEXATION: Upon receipt of a valid petition signed by all of the owners of real property in the area described therein, the Town may annex an area either contiguous or not contiguous to its primary corporate limits when the area meets the standards set out under North Carolina General Statutes 160A-31 and 160A-58.1. The petition need not be signed by the owners of real property that is wholly exempt from property taxation under the Constitution and laws of North Carolina, nor by railroad companies, public utilities as defined in G.S. 62-3(23), or electric or telephone membership corporations.

To the Town Council of the Town of Boone:

1. We the undersigned owners of real property respectfully request that the area described below be annexed into the Town of Boone, Watauga County, North Carolina.
2. The area to be annexed is contiguous or non-contiguous (satellite) to the Town of Boone, North Carolina and the boundaries as contained in the metes and bounds description attached hereto.
3. A map (survey) is attached showing the area proposed for the annexation in relation to the primary corporate limits of the Town of Boone.
4. If contiguous, this annexation will include any intervening rights-of-ways for streets, railroads, and other areas as stated in GS 160-31(f), unless otherwise stated in the annexation amendment.
5. We acknowledge that any zoning vested rights acquired pursuant to GS 160A-385.1 or GS 153A-344.1 must be declared and identified with 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. Proof of vested rights is attached hereto.

PROPERTY OWNER INFORMATION –PLEASE PRINT

Name	Telephone Number	Mailing Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROPERTY INFORMATION –PLEASE PRINT

Watauga County Parcel ID: _____

Total Acreage to be Annexed: _____ Zoning District(s): _____

of Dwelling Units in Area: _____ Population of Area: _____

REASON FOR ANNEXATION

To receive Town services Other (please explain): _____

Complete if property is owned by individual(s): All property owners must sign.

Name (Print)

Signature

State of North Carolina
County of Watauga

Sworn and subscribed before me, _____, a Notary Public for the above State and County, this the _____ day of, _____, 20____.

Seal

Notary Public

My Commission Expires: _____

Complete if a corporation: In witness whereof, said corporation has caused this instrument to be executed by its President and attested by its Secretary by order of its Board of Directors, this the _____ day of, _____, 20____.

Corporation Name: _____

Seal

President Signature: _____

Attest:

Secretary Signature

State of North Carolina
County of Watauga

Sworn and subscribed before me, _____, a Notary Public for the above State and County, this the _____ day of, _____, 20____.

Seal

Notary Public

My Commission Expires: _____

Complete if a limited liability company (LLC): In witness whereof, said limited liability company, has caused this instrument to be executed in its name by a member/manager pursuant to authority given, this the ____ day of, _____, 20____.

Limited Liability Company Name: _____

Member/Manager Signature: _____

State of North Carolina
County of Watauga

Sworn and subscribed before me, _____, a Notary Public for the above State and County, this the ____ day of, _____, 20____.

Notary Public

Seal

My Commission Expires: _____

Complete if a partnership: In witness whereof, said partnership, has caused this instrument to be executed in its name by a general partner pursuant to authority given, this the ____ day of, _____, 20____.

Partnership Name: _____

General Partner Signature: _____

State of North Carolina
County of Watauga

Sworn and subscribed before me, _____, a Notary Public for the above State and County, this the ____ day of, _____, 20____.

Notary Public

Seal

My Commission Expires: _____

Official Use Only

Permit Name:

Permit Number:

Date:	Fee:	Receipt Number:	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check Number: _____	Paid By:
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PETITION PROCESS INFORMATION

Date of 1 st TC Meeting:	Date of Ad:	Date of PH:	Date of Approval:	Date Map/Order Recorded:
Date Information Mailed to State & Others:		Date of GIS Notification		Date of Department(s) Notification:

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