

Voluntary Annexation Application

Date: _____

Applicant Name: _____

Phone Number: _____

Address: _____

Fax Number: _____

Property Owner: _____

Phone Number: _____

Address: _____

Fax Number: _____

Property Location (Physical Address): _____

Tax ID Number for Property: _____

Number of Acres: _____

Does the property need to be rezoned? _____

Current Zoning Classification: _____

Proposed Zoning Classification: _____

The Annexation Application will not be submitted to the City of Southport Board of Aldermen until the City Clerk has received a complete application. The following items **MUST** accompany the application in order for it to be considered complete. Please acknowledge inclusion of each item with a check in the appropriate box, sign, date, and submit to the City Clerk.

- \$150.00 Non-Refundable Fee
- Electronic Copy of Legal Metes and Bounds Description
- Map showing property to be annexed. Once approved by the Board, you must submit a Recordable Mylar with six (6) blue line copies for recordation that should state "Area Annexed by the City of Southport to include date of annexation."
- Complete list of ALL property owners

Applicant Date

City Clerk Date

**PETITION REQUESTING A NON-CONTIGUOUS ANNEXATION
(SATELLITE)**

Date: _____

To the Board of Aldermen of the City of Southport, North Carolina:

1. We the undersigned owners of real property respectfully request that the area described in Paragraph 2 below be annexed to the City of Southport.
2. The area to be annexed is **non-contiguous** to the City of Southport and the boundaries of such territory are as follows:

(Metes and Bounds Description Required)

3. A map is attached showing the area proposed for annexation in relation to the primary corporate limits of the City of Southport.
4. 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 zoning vested rights are claimed, indicate below and attach proof.)

Name	Address	Do You Declare Vested rights?*** Indicate yes or no	Signature
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

*Should be included when there is a substantial question as to whether the area may be closer to another municipality than to the annexing municipality.

**This is one possible format for zoning vested rights declaration. This language may require modification to reflect the requirements of the municipal zoning vested rights ordinance, if any.