CITY of Statesville PLANNING

ANNEXATION PETITION

SUBMITTAL CHECKLIST
PLEASE COMPLETE THE CHECKLIST BELOW AND INCLUDE ALL REQUIRED ITEMS WITH THE PETITION

_____ METES AND BOUNDS DESCRIPTION OF THE PROPERTY TO BE ANNEXED, please submit electronically

_____ A MAP THAT DEPICTS THE PROPERTY TO BE ANNEXED IN RELATION TO THE CURRENT CITY LIMITS

_____ A CURRENT TAX MAP OF THE PROPERTY THAT CONFORMS TO THE METES AND BOUNDS DESCRIPTION, a survey map of the property would be sufficient

_____ THE CURRENT DEED(S) OF THE PROPERTY, the name(s) on the deed(s) must match the name(s) and signature(s) on the petition

_____ ALL PROPERTY OWNERS SIGNATURES, if the property is to change ownership during the annexation process, please include the new owner(s), if an LLC (or other group) is listed as the owner, please include legal documentation of who is authorized to sign the petition

_____ ANY PLAN (PRELIMINARY OR FINAL) THAT MAY EXIST FOR THE PROPERTY

_____ CORRECT PARCEL IDENTIFICATION NUMBER(S) (PIN) FOR THE PROPERTY, may be confirmed through the Iredell County GIS Department website

_____ LIST OF CURRENT ADJACENT PROPERTY OWNERS, may be obtained from the Iredell County GIS Department website

_____ APPROPRIATE APPLICATION(S) FOR CITY OF STATESVILLE PLANNING BOARD, if a zoning change or any other change (that requires action from the board) will be requested

_____ NOTARIZED SECTION COMPLETED

_____ $400.00 APPLICATION FEE

_____ LETTER FROM PROPERTY OWNER AUTHORIZING AN AGENT TO HANDLE THE ANNEXATION, if the property owner is not handling the annexation process

Planning Department
Phone (704) 878-3574 Fax (704) 878-3464
www.statesvillenc.net

We would like to know more about your reason for requesting annexation. It would help us present your case before City Council. Please assist us by completing these pages, including the attached **Petition Requesting Annexation.**

- You are requesting annexation to receive which city service(s)?
  Electric_____ Sewer_____ Water_____ Fire_____ Special_____

- Your property will be used for what kind of business or endeavor?
  _____
  _____
  _____
  _____

- What is your company name? _____

- Who is your company contact? _____

- What is your phone number? _____ FAX: _____

- Have you checked with the planning and zoning departments about city requirements for your project?

- Attached are sheets relating to traffic generation and wastewater management. Completing these two sheets will aid our future planning efforts.

- An annexation takes at least two months to accomplish, after we have received all the necessary information. A public notice published in the local newspaper and a public hearing is required. City Council action takes at least two hearings.

- If you have any further questions or if we can be of additional assistance, please contact the Planning Department at 704-768-5595. We look forward to working with you and welcome you into the city.

CITY OF STATESVILLE
PETITION REQUESTING ANNEXATION

Date: _____

To the City Council of the City of Statesville, we the undersigned owners of real property, respectfully request that the area described by survey and legal description be annexed to the City of Statesville.

1. The area to be annexed is contiguous to the primary corporate limits (not a satellite area) of the City of Statesville ___ **Yes** ___ **No**

2. The area to be annexed is a satellite area, the nearest point of which is no more than three (3) miles from the current city limits and not closer to the primary corporate limits of another jurisdiction ___ **Yes** ___ **No**

3. That this petition is signed by 100% of the property owners within the area to be considered ___ **Yes** ___ **No**

4. Exhibit A is attached; an accurate written metes and bounds description of the property proposed for annexation ___ **Yes** ___ **No**

5. Exhibit B is attached; a map showing the property proposed for annexation in relation to the corporate limits of the City of Statesville ___ **Yes** ___ **No**

6. Exhibit C is attached; a current tax map with the property proposed for annexation so plotted as to conform to the metes and bounds description ___ **Yes** ___ **No**

7. The property to be annexed maintains vested development rights under G.S. 160A-385.1 or G.S. 153A-344.1, which are declared and identified in an accompanying notarized letter ___ **Yes** ___ **No**

Petitioner(s) Typed or Printed Name, Address of Residence, Phone Number & Signature

A. _____

_____

B. _____

_____

C. _____

_____

If property is owned by a company or corporation, please list the name and address below

_____

PROPERTY DESCRIPTION:
Acreage _____ Zoning _____ Tax Value _____ Real Property Value _____

PETITION MUST BE NOTARIZED

State _____

County _____

(for individual landowner(s))

I, _____, a Notary Public for said County and State, do hereby certify that the landowner(s), mentioned on the annexation petition, personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

(for Corporate Owner(s))

I, _____, a Notary Public for said County and State, do hereby certify that _____, mentioned on the annexation petition as the land owner, personally came before me this day and acknowledged that he is _____ of _____ and acknowledged, on behalf of _____, the due execution of the foregoing instrument.

Witness my hand and official seal this _____ day of _____, _____.

_____
Notary Public

My commission expires _____, _____

Notary's Stamp:

OFFICE USE ONLY: CHRONOLOGICAL RECORD

	DEPARTMENT	DATE	SIGNATURE
Petition initially received by Planning Department	Planning	_____	_____
Petition formally received by City Council and public hearing set	Planning	_____	_____
Petition analyzed as to signature sufficiency	Planning	_____	_____
Petition analyzed as to location/contiguity	Planning	_____	_____
Petition certified as sufficient	Planning	_____	_____
First reading of Ordinance/ Public hearing conducted by City Council	City Clerk	_____	_____
Second reading of Ordinance – ( ) Adopted ( ) Rejected	City Clerk	_____	_____

CERTIFICATE OF SUFFICIENCY

To the City Council of the City of Statesville, North Carolina:

I, _____, City Clerk, do hereby certify that I have investigated the petition attached hereto and have found as a fact that said petition is signed by all owners of real property lying in the area described therein, in accordance with G.S. 160A-31 or 160A-58.1

In witness whereof, I have hereunto set my hand and affixed the seal of the City of Statesville, this _____ day of _____, _____.

_____

(City Clerk)

Industrial Waste Survey Short Form

This form has been sent to your business to determine types and sources of wastewater that are entering the City of Statesville Sewer System. Our Sewer Use Ordinance can be examined during normal business hours at the address listed below.

Name of Business: _____
Address: _____
City/State/Zip Code: _____
Telephone: _____ Fax: _____
Number of Employees: _____
What Standard Industrial Classification (SIC) Code(s) do you report under?
_ _ _ _, _ _ _ _, _ _ _ _, _ _ _ _.
Briefly describe your business and include products manufactured or services performed.
_____
_____
_____

Please list all water uses and approximate volume used in gallons per day for each use, including facility washdown water.

Water Use	Volume Used (gallons per day)
Process:	
Facility Washdown	
Domestic (bathrooms, cafeteria)	
Total:	

Our Sewer Use Ordinance requires that an Authorized Representative of the User sign al reports to the Sewer Authority. Authorized Representative is defined as a Person responsible for Principal Business decisions or other policy decisions for the facility.

To the Best of my knowledge the information on this form is true and accurate,
Signature _____ Date _____
Title _____

EXPECTED ROAD USAGE BY THIS PROJECT:									
	Arrival Times		Departure Times:		Number of Vehicles:	Most # of vehicles at one time:	At What Time:		
Type of vehicles expected:	From About:	To About:	From About:	To About:				Vehicle Weight:	Vehicle Length:
Employees:									
Deliveries:									
Office related:									
Manufacture or Assembly:									
Distribution centers:									
Warehouse use:									
Other:									
Any unusual dimensional requirements?									
For times, include am or pm									

Electric Load Data Request

The following information is necessary for the City of Statesville to efficiently process your request for electric service. The information provided by you must be accurate. It is used to establish your account for billing and determines the equipment Statesville needs to provide for our electricity demand. Any inaccuracies or changes in electrical loads that necessitate reordering of equipment by Statesville may result in additional charges and/or a delay in service delivery. Complete the top portion of the form and return it, along with any other pertinent information to: City of Statesville, Light Department, P.O. Box 1111, Statesville, NC 28677. Fax 704-872-7009.

Application Information

Name of owner/partnership/corporation _____
Business Name _____ Date Service Wanted _____
Service Address _____
Type of Business _____ Tel. No. _____
Mailing Address _____ Tel. No. _____
Architect/Engineer _____ Tel. No. _____
Mechanical Contractor _____ Tel. No. _____
Electrical Contractor _____ Tel. No. _____
General Contractor _____ Tel. No. _____

Connected Load Information

Is service installation New ___ or Existing ___ Hours of operation per day ____ days per week ____ delivery voltage _____ Approximate Date Service Required _____
Size of Service in Amps _____ Wire Size _____
Number of Conductors per phase _____ Gross Square Feet _____
Conditioned Square Feet _____

Lighting	Heating	Motors
Interior _____KW	Heating Pump Comp. _____KW	Largest Across Line _____HP= _____KW
Exterior _____KW	Resistant Heat _____KW	Largest w/ Starting _____HP=_____KW
	Type of Starter _____	
	Total (Excl. HVAC) _____ HP= _____KW	

Base Load
Receptacles _____KW
Miscellaneous _____KW

Cooling
Capacity _____ Tons = _____KW
Air Handlers _____ HP = _____KW

Information Provided By:
_____
Date _____
Tel. No. _____

Water Heating
Domestic _____ KW
Sanitary ____ KW

Circulating Pumps _____ KW

For additional information contact:
Name: _____
Tel. No.: _____

Food Service
Cooking Equip. ____ KW
Refrigeration _____ KW
Misc. _____ KW

Process
_____ _____KW
_____ _____KW

Total Connected KW _____

To Be Completed by the City of Statesville

Date Rec'd _____ Overhead Delivery _____ Undg. Delivery _____ Padmount _____

Pole Type _____ Date Transformer ordered _____ Transformer size(s) _____

Stock number(s) _____ Estimated delivery date _____

Meter location: Pad _____ Pole _____ Building _____ Type Meter required _____

Stock number _____ CTs required: Number _____ Type _____ Stock number _____

PTs required: Number _____ Type _____ Stock number _____

Size CT cabinet to be furnished by contractor _____ Metering diagram _____

Date customer notified about required contribution in aid of construction _____

Amount _____ Rate Code _____

Date service connected _____

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