

REQUEST OF PROPERTY OWNER(S) IN AREA TO
BE ANNEXED FOR EXTENSION OF
WATER AND SEWER LINES TO THE
PROPERTY OR TO AN ADJACENT STREET

RECEIVED

NOV 12 2007

Legislative Department

1. The undersigned certify(ies) that, he/she/they own(s) the property described below, or is/are authorized to execute this request form on behalf of the owner(s) of the property. If this form is not executed by each other as identified below but is executed by an officer, agent or representative of an owner, the undersigned understand(s) and acknowledge(s) that the City of Greensboro will be justified in requesting sufficient proof of authority.
 2. Name(s) of owner(s)
(Important: List each person or entity who holds an ownership interest)

	<u>Mailing Address</u>	<u>Phone</u>
<u>Lawrence Morrow James</u>	<u>1401 Covered Wagon Rd</u>	
<u>Karen Bulla James</u>	<u>" " " "</u>	
	<u>McLeansville, N.C. 27301</u>	<u>(336) 697-0651</u>
- (Note: Attach additional sheets as necessary)
3. Street address of the property 1401 Covered Wagon Rd, McLeansville, N.C.
 4. Deed reference and/or County tax parcel number Twp 05, Map 04-0247-C, Block 0303-00, Parcel 06
 5. Other identifying information (plat reference, or attach metes and bounds description, if available) Plat Book 85, Page 80
 6. The undersigned further certify(ies) that the property described above is located within the area to be annexed by the City of Greensboro, as described in the resolution of intent adopted by the City Council on September 4, 2007 and that the property is one of the following types (check one):

<u>✓</u>	Occupied Dwelling Unit
<u> </u>	Operating Commercial Property
<u> </u>	Operating Industrial Property
 7. Pursuant to G.S. 160A-47 (3)b., the undersigned hereby requests the City of Greensboro to provide for extension of water ✓ and/or sewer ✓ (CHECK ONE OR BOTH) lines to the property described above, or to a point on a public street or road right-of-way adjacent to the property.
 8. The undersigned request that said improvements be made in conformity with the provisions of the Charter of the City of Greensboro, and that the cost of the improvements to be specially assessed against the abutting property be in accordance with the City Charter.

✓ sap

9. Each of the undersigned hereby waives any and all requirements that he be served with notice of a public hearing as to the ordering of the improvements and a public hearing as to confirmation of the final assessment roll, and hereby acknowledges that he cannot withdraw his signature from this petition after it is filed.
10. Each of the undersigned hereby grants to the City of Greensboro the necessary rights of way, easements, and licenses to enable the improvements to be made and maintained.
11. The undersigned understand(s) and acknowledge(s) that this form was supplied by the City of Greensboro as provided by law; that this request form, if properly executed and received by the City of Greensboro Clerk no later than 5 days after the public hearing (or on the following Monday if that 5th day falls on Saturday or Sunday), will obligate the City Council to amend the previously adopted annexation report and plan for services, at the time of adoption of the annexation ordinance, to accommodate this request; that the amended annexation report and plan for services must call for construction of any necessary major trunk water mains, sewer outfall lines, sewer lines and water lines to be completed within two years of the effective date of annexation; and that the requested extension will be made according to the current financial policies of the City of Greensboro for making such extensions, which will require financial participation by owners of benefited property.

Signature(s): Laurence Morrow James Date: Nov. 11, 2007
Karen Bulla James Date: Nov. 11, 2007
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____

(NOTE: If owner is married, both husband and wife must sign; if owner is a partnership or estate, all partners and their husbands or wives must sign; if owner is a corporation, president or vice-president must sign and secretary must attest and affix seal; and if owner is a church, all trustees must sign and affix date authority to execute was given.)

Do Not Write Below This Line

The Clerk (or designated Deputy or Assistant) of the City of Greensboro hereby certifies that the executed request form was received on the following date: 11-12-07.

Signature: Quanita F. Deoper
 City Clerk (Deputy/Assistant)
 Date: 11-12-07

**REQUEST OF PROPERTY OWNER(S) IN AREA TO
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City Clerk's Office

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2. Name(s) of owner(s)
(Important: List each person or entity who holds an ownership interest)

Mailing Address

Phone

<u>Jeffrey C. Phipps</u>	<u>1402 Covered Wagon Rd</u>	<u>336-697-6969</u>
<u>Benita W. Phipps</u>	<u>McLeansville NC 27301</u>	
	<u>Same</u>	<u>Same</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Note: Attach additional sheets as necessary)

3. Street address of the property 1402 Covered Wagon Rd. McLeansville
4. Deed reference and/or County tax parcel number 05-04-0247-0-0303-00-034
5. Other identifying information (plat reference, or attach metes and bounds description, if available) Lot 4, Section 5 Millstream, Plat Book 94, pg. 95
6. The undersigned further certify(ies) that the property described above is located within the area to be annexed by the City of Greensboro, as described in the resolution of intent adopted by the City Council on September 4, 2007 and that the property is one of the following types (check one):
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Signature(s): Jeffrey C. Phipps Date: 11/9/07
Berita W. Phipps Date: 11-9-07
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____

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The Clerk (or designated Deputy or Assistant) of the City of Greensboro hereby certifies that the executed request form was received on the following date: 11-9-07

Signature: Quanita J. Cooper
 City Clerk (Deputy/Assistant)
 Date: 11-9-07

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2. Name(s) of owner(s)
(Important: List each person or entity who holds an ownership interest)

Mailing Address

Phone

<u>THOMAS E. WHITE</u>	<u>1403 COVERED WAGON RD</u>	<u>(336) 698-0930</u>
	<u>MCLEANSVILLE, NC 27301</u>	
<u>MIRIAM S. WHITE</u>	<u>1403 COVERED WAGON RD</u>	<u>(336) 698-0930</u>
	<u>MCLEANSVILLE, NC 27301</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Note: Attach additional sheets as necessary)

3. Street address of the property 1403 COVERED WAGON RD
4. Deed reference and/or County tax parcel number 5 S1 PB 85-80 MILLSTREAM
5. Other identifying information (plat reference, or attach metes and bounds description, if available) TAX MAP NUMBER: 05040247C030300005
6. The undersigned further certify(ies) that the property described above is located within the area to be annexed by the City of Greensboro, as described in the resolution of intent adopted by the City Council on September 4, 2007 and that the property is one of the following types (check one):
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Signature(s): Thomas White Date: 11/11/2007
Miriam White Date: 11/11/2007
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____

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Do Not Write Below This Line

The Clerk (or designated Deputy or Assistant) of the City of Greensboro hereby certifies that the executed request form was received on the following date: 11-12-07

Signature: Guarita J. Cooper
 City Clerk (Deputy/Assistant)
 Date: 11-12-07

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2. Name(s) of owner(s)
(Important: List each person or entity who holds an ownership interest)

	<u>Mailing Address</u>	<u>Phone</u>
<u>James C. Knox III</u>	<u>5304 Crosswinds Ct</u>	<u>698-0606</u>
<u>Debora A. Knox</u>	<u>McLeansville, N.C. 27301</u>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
- (Note: Attach additional sheets as necessary)
3. Street address of the property 5304 Crosswinds Ct.
4. Deed reference and/or
County tax parcel number 205-04-0247-C-0303-00-007
5. Other identifying information
(plat reference, or attach
metes and bounds description,
if available) _____
6. The undersigned further certify(ies) that the property described above is located within the area to be annexed by the City of Greensboro, as described in the resolution of intent adopted by the City Council on September 4, 2007 and that the property is one of the following types (check one):

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VGR

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Signature(s):

James L. King III
[Signature]

Date: Nov. 7, 2007

Date: 11-7-2007

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

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The Clerk (or designated Deputy or Assistant) of the City of Greensboro hereby certifies that the executed request form was received on the following date: 11-8-07

Signature: [Signature]

City Clerk (Deputy/Assistant)

Date: 11-8-07

JUNE 29, 2007

ALLMAN DONALD A
& BARBARA L
5309 CROSSWINDS CT
MC LEANSVILLE NC 27301-9600



001 062

Property Description	Tax Value		Name				Year			
TOTAL REAL	256,500		ALLMAN DONALD A				07			
TOTAL PERSONAL										
EXEMPT										
NET	256,500									
Tax Charge	Rate	Amount	Notice Number				Account Number			
GUILFORD	.6914	1,773.44	2007-0167391				0001642			
MCLNSVL FD	.0700	179.55					0024058-001			
			Listing Number							
			Twp	Map	Block	Parcel	In	C	V	Z
			05	04-0247-C	0303-00	012				R R
			Real Property Description							
			5309 CROSSWINDS CT							
			12 S2 PB 87-10							
			MILLSTREAM BK3625-1268							
Total Amount		1,952.99								
TOTAL DUE		1,952.99								
ON OR BEFORE										
08-31-2007 PAY		*****1,933.46								

You may pay this tax bill in installments over the next 6 months. You may pay monthly, weekly or whatever fits your needs. The amount of each payment may vary as long as full payment is made by January 7. After each installment, we will send you an updated bill showing the remaining balance due.

Of course, full payment by August 31 will result in your receiving the full discount.

NOTICE NUMBER 2007-0167391

0607

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2. Name(s) of owner(s)
(Important: List each person or entity who holds an ownership interest)

Mailing Address

Phone

<u>DONALD A. ALLMAN</u>	<u>5309 CROSSWINDS CT.</u> <u>MC LEANSVILLE, NC 27301</u>	<u>697-2743</u>
<u>Barbara L. Allman</u>	<u>5309 CROSSWINDS CT.</u> <u>MC LEANSVILLE, NC 27301</u>	<u>697-2743</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Note: Attach additional sheets as necessary)

3. Street address of the property 5309 CROSSWINDS CT. MC LEANSVILLE, NC 27301

4. Deed reference and/or
County tax parcel number 012

5. Other identifying information
(plat reference, or attach
metes and bounds description,
if available)
- Twp 05
Map 04-0247-C
Block 0303-00

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Signature(s): Donald G. Allman Date: 11-6-07
Barbara L. Allman Date: 11-6-07
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____
 _____ Date: _____

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Do Not Write Below This Line

The Clerk (or designated Deputy or Assistant) of the City of Greensboro hereby certifies that the executed request form was received on the following date: 11-7-07

Signature: Marvin S. Cooper
 City Clerk (Deputy/Assistant)
 Date: 11-7-07