

Annexation Petition Into the Town of Mount Airy, GA

Annexation	#

Please Print Clearly

Applicant's Name:					
Applicant's Mailing Address:_					
City:	State:	Zip Code <u>:</u>			
Applicant's Telephone Number:					
Property Owner's Name:					
Property Owner's Mailing Address:					
City:	State:	Zip Code:			
Property Owner's Telephone Number:					
Address of Property to be Annexed:					
Tax Map#Parcel#_	Survey Recorded	n Plat Book#	Page#		
Land Lot#	District#Section#	Property	Size in Acres:		
Current Use of Property:					
County Zoning Classification:	Requested To	own Zoning Classifi	ication:		



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<u>Petition MUST include a completed application with signatures and ALL attachments</u>.

O An 8 /12 x 11 copy of the current RECORDED BOUNDARY SURVEY of said property showing the contiguity of said property to the existing corporate limits of the Town of Mount Airy.
O A copy of the current metes and bounds LEGAL DESCRIPTION that matches the boundary Survey of the property being annexed.
O Survey must be signed and sealed by a Registered Land Surveyor.
O Survey must be signed and stamped by the Clerk's Office, Superior Court at the Court House.
Answer the following questions to meet and comply with the United States Department of Justice, Civil Rights Division, Voting Section, Section 5 of the Voting Right Act.

1.	1. Intended Use of Land: Residential Existing Str Other (spec	ructure Vacant
2.	Number of persons currently residing on the Registered to vote:	e property: 18/over:
3.	3. The number of all residents occupying the	property:
	Pacific Islander	White, not of Hispanic Origin Asian Black, not of Hispanic Origin Hispanic Other



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Answer the following questions to meet and comply with the U.S. Department of Commerce, which requires this information to provide Population Estimates.

ARC Population Estimate Information

1.	Number of existing housing units:
2.	List of Addresses for each housing unit in the annexed area at the time of the annexation.:
3.	Disposition of existing structures (E.G. to stay the same, be demolished, moved or Converted:
4.	Names of affected Subdivision:
5.	Name of affected Multi-Family Complex:
6.	Names of Group Quarters (dormitories, nursing homes, jails, etc.):
6.	Names of Mobile Home Parks:



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Property Owner Authorization

herein as Parcel, respectfully request that the M	er(s) of real property of the territory described(Address/Tax Map Mayor and City Council of the Town of Mount Airy, Town and extend the Town boundaries to include
the same.	e the undersigned certify that all the information
(1) Property Owner's Signature	Property Owner's Printed Name
(2) Property Owner's Signature	, ,
Applicant's Signature	Applicant's Printed Name
(2) Applicant's Signature	Applicant's Printed Name
Sworn to and subscribed before me this	day of
Notary Public, State of Georgia	
My Commission Expires	
(Seal)	



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Official Use Only:					
Annexation Application Received Date Stamp: Rec'd Completed Application w/signatures Rec'd Current Boundary Survey Rec'd Legal Description Rec'd ARC Population Estimate Info					
Planning Commission Meeting Date: (if rezone) Dates Advertised: (1) (2)					
1st Town Council Reading Date:					
2 nd Town Council Reading Date:Approved: O Yes O No					
Date Certified Mail to: County Board of Commissioners & Chairman County Manager Attorney Surrounding Cities Surrounding adjacent properties					