STATE OF NORTH CAROLINA
COUNTY OF TRANSYLVANIA
CITY OF BREVARD

PETITION REQUESTING A CONTIGUOUS ANNEXATION
(G.S. 160A-31)

Date: August 6, 2025

To the City Council of the City of Brevard:

1. We the undersigned owners of real property respectfully request that the area described in paragraph 2 below be annexed to the City of Brevard.

2. The area to be annexed is contiguous to the City of Brevard and the boundaries of such territory are as follows:

   Transylvania County Property Identification Number(s): 8585-19-5389-000

   Street Address: Cashiers Valley Road

   (ATTACH A METES AND BOUNDS PROPERTY DESCRIPTION AS "ATTACHMENT A")

3. A map is attached showing the area proposed for annexation in relation to the primary corporate limits of the City of Brevard. (ATTACH MAP AS "ATTACHMENT B", including the Tax Map PIN)

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.)

   Property Owner(s): Do you declare vested rights? Yes____ No_X_
   (Vested rights are rights belonging completely and unconditionally to a person which cannot be impaired or taken away by another party.)

Property Owners Contact Information (If there are more than three property owners, provide their names, contact information and signatures upon a separate and attached sheet.)

a. Name City of Brevard
Address 95 W Main St, Brevard, NC 28712

Telephone 828-885-5602 Email: Wilson.Hooper@cityofbrevard.com

Signature Wilson B. Hooper
By: Wilson Hooper, City Manager

b. Name _____
Address _____

Telephone _____ Email _____

Signature _____

c. Name _____
Address _____

Telephone _____ Email _____

Signature _____

Property Ownership by Corporation or LLC: (If there are more than three principals or managing members then provide their names, contact information and signatures upon a separate and attached sheet.)

a. Name _____
Address _____

Telephone _____ Email _____

By: _____
Type or Print Name and Title (President / Managing Member)

Signature _____

b. Name _____
Address _____
_____
Telephone _____Email_____

By: _____
Type or Print Name and Title (President / Managing Member)

Signature _____

c. Name _____
Address _____
_____
Telephone _____Email_____

By: _____
Type or Print Name and Title (President / Managing Member)

Signature _____

* * * * * * * * * * *

AGENT:
Name: _____
Address: _____
_____
Telephone:_____Email_____

Petition along with a Metes and Bounds description (Attachment A), and Map / Survey (Attachment B) is to be returned to:

Denise Hodsdon, City Clerk
City of Brevard
95 West Main St., Brevard, NC 28712