APPLICATION: JOIN CITY OF CHARLESTON

For more information, visit http://www.charleston-sc.gov/JOIN
Or contact Christopher Morgan, at 843.724.3774 | annex@charleston-sc.gov

1. OWNER INFORMATION: Please complete the following application to request that your property be incorporated into the municipal limits of the City of Charleston. Phone numbers will not be published. All owners of the property sign page two and submit it to the Annexation Coordinator. *Required

*Property Owner(s):___________________________________________________________

*Mailing Address:____________________________  *Telephone:__________________

*City:_______________  *State:______  *Zip:_______  Email:______________________

2. PROPERTY INFORMATION: Cities must provide the Justice Department with the population demographics and the land use of each property added to the city. Write “None” if the property is vacant. Population data is used to create voting districts and does not impact the decision to approve your annexation.

*Property Address: ________________  Tax Map Number: ________________

*Number of Current Residents: _____  *Race of Current Residents: ____________

Current Land use: ________________  Future Land use: ________________
(i.e. home, bank, carwash, etc)  (i.e. home, bank, carwash, etc)

3. SUBMIT APPLICATION: Please submit signed application to Christopher Morgan at:

MAIL: City of Charleston, 2 George St, Suite 3100, Charleston, SC 29401

PICKUP: Call Christopher Morgan at (843) 724-3774 for pick-up

EMAIL: annex@charleston-sc.gov

FAX: (843)724-3772
STATE OF SOUTH CAROLINA )  
COUNTY OF CHARLESTON   )  

PETITION FOR ANNEXATION

TO THE HONORABLE MAYOR AND CITY COUNCIL OF CHARLESTON

WHEREAS, SECTION 5-3-150 (3) Code of laws of South Carolina provides for the annexation of an area or property which is contiguous to a City by filing with the municipal governing body a petition signed by all persons owning real estate in the area requesting annexation, and

WHEREAS, the undersigned are all persons owning real estate in the area requesting annexation, and

WHEREAS, the area requesting annexation is described as follows, to wit:

SAID PROPERTY, located in West Ashley (approximately ___ acres) to be annexed is identified by the Charleston County Assessors Office as Property Identification Number: TMS# ______________ (Address: ___________________________________________________).

NOW, THEREFORE, the undersigned petition the City Council of Charleston to annex the above described area into the municipal limits of the City of Charleston.

<table>
<thead>
<tr>
<th>FREEHOLDERS (OWNERS) SIGNED</th>
<th>DATE OF SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Signature)</td>
<td>(Date)</td>
</tr>
<tr>
<td>(Print Name)</td>
<td></td>
</tr>
<tr>
<td>(Signature)</td>
<td>(Date)</td>
</tr>
<tr>
<td>(Print Name)</td>
<td></td>
</tr>
</tbody>
</table>