



Town of Rolesville Planning Department
Property Owner Consent & Authorization Form
planning@rolesvillenc.gov

Consent is required from the property owner(s) or legal representative. Unless otherwise specified, consent is valid for one year from the date of application.

Please provide a separate form for each parcel number. For properties with multiple owners, an individual form must be completed for each owner. (A husband and wife may both sign and submit one form.)

Project/ Subdivision Name:
Site Address:
Parcel ID: Deed Reference:

Financially Responsible Party \*This field is required.
Name: Signature:
Company Name: Title:
Mailing Address: City/State/Zip:
Phone: Email:

Applicant Owner P.O.A. Agent Legal Representative
Check all that apply.
1). Name: Signature: Jennifer W. Gregory
Mailing Address: City/State/Zip:
Phone: Email:
2). Name: Signature: Sidney Gregory
Mailing Address: City/State/Zip:
Phone: Email:

By signing the above, I swear and affirm that I am the owner(s) or authorized representative as shown in the records of Wake County, North Carolina, which is the subject of this application. I further affirm that I am fully aware of the Town's application, fees, and procedural requirements, and I consent to this Application. I authorize the person(s) listed below to submit this Application and serve as the representative and point of contact for this Application.



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Project/ Subdivision Name: Wake Med Rezoning Concept Plan
Site Address: Portion of 5036 Walls Cove Lane
Parcel ID: Portion of 1758494277 Deed Reference:

Financially Responsible Party \*This field is required.
Name: Signature:
Company Name: Title:
Mailing Address: City/State/Zip:
Phone: Email:

Applicant Owner P.O.A. Agent Legal Representative
Check all that apply.
Signed by: A. Taylor Wiggins, Jr.
1). Name: A. Taylor Wiggins, Jr. Signature:
Mailing Address: 400 Brown Cir. City/State/Zip: Rolesville, NC 27571
Phone: Email:
2). Name: Signature:
Mailing Address: City/State/Zip:
Phone: Email:

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Financially Responsible Party \*This field is required.
Name: Signature:
Company Name: Title:
Mailing Address: City/State/Zip:
Phone: Email:

Applicant Owner P.O.A. Agent Legal Representative
Check all that apply.
Signed by: Gayle P. Wall Leighton
1). Name: Gayle P. Wall Leighton Signature:
Mailing Address: 3512 Piedmont Drive City/State/Zip: Raleigh, NC 27604
Phone: Email:
2). Name: Signature:
Mailing Address: City/State/Zip:
Phone: Email:

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Financially Responsible Party \*This field is required.
Name: Signature:
Company Name: Title:
Mailing Address: City/State/Zip:
Phone: Email:

Applicant Owner P.O.A. Agent Legal Representative
Check all that apply.
Signed by: J. Bryant Wiggins II
1). Name: Signature:
Mailing Address: PO Box 371 City/State/Zip: Rolesville, NC 27571
Phone: Email:
2). Name: Signature:
Mailing Address: City/State/Zip:
Phone: Email:

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Name: Signature:
Company Name: Title:
Mailing Address: City/State/Zip:
Phone: Email:

Applicant Owner P.O.A. Agent Legal Representative
Check all that apply.
1). Name: Beverly Dixon Signature: Beverly Dixon
Mailing Address: PO Box 70 City/State/Zip: Rolesville, NC 27571-0070
2). Name: Signature:
Mailing Address: City/State/Zip:
Phone: Email:

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Phone: Email:

Applicant Owner P.O.A. Agent Legal Representative
Check all that apply.
Signed by: JA Wall
1). Name: James Timothy Wall Signature:
Mailing Address: 1234 Legacy Green Ave. City/State/Zip: Wake Forest, NC 27587
Phone: Email:
2). Name: Signature:
Mailing Address: City/State/Zip:
Phone: Email:

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