

Zoning Map (Rezoning) Application

Town of Rolesville Planning Department | PO Box 250 | Rolesville, NC 27571 | 919-554-6517 | planning@rolesvillenc.gov

Planning Department Home Page: [Official Town Webpage](#)

Complete one form for each parcel identification number.

APPLICATION INFORMATION:	
Site Address:	Site Area (in acres):
Rezoning Type: <input type="checkbox"/> General <input type="checkbox"/> Conditional	Total area requested to be rezoned (in acres): 31.38
Voluntary Annexation Application Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No ANX-	Current Location: <input type="checkbox"/> County Limits <input type="checkbox"/> ETJ <input type="checkbox"/> Town Limits
Existing Zoning District:	Proposed Zoning District(s):
PIN:	Associated Previous Case(s):
Current Use(s):	Proposed Use(s):

APPLICATION REQUIREMENTS:	
<input type="checkbox"/> Complete Application and checklist.	<input type="checkbox"/> Completed Property Owner's Consent Form – 1 per Owner- See page 5.
<input type="checkbox"/> If the request is for a <i>Conditional District</i> per LDO Section 3.3. The submittal shall include a separate document listing the written Conditions of Approval, which may consist of exhibits, plans, maps, and other relevant materials. Provide a Date and space for revision Dates; this document will always be referenced, including its Date.	<input type="checkbox"/> A Concept (nee site) Plan * may be submitted, considered, and approved as part of a <i>Conditional District</i> request; it shall be incorporated into a written condition for “general compliance” upon future Development Application reviews and approvals. Provide a Date and space for revision Dates. See the Next page for details.
<input type="checkbox"/> Traffic Impact Analysis (TIA), ITE Trip Generation Letter, or a Letter/Email from Planning staff confirming that a TIA is not required. (LDO Section 8.C.5)	<input type="checkbox"/> * The Activity Center (AC) and Neighborhood Commercial (NC) zoning districts require the submission of a Concept Plan (also known as a site plan) as per LDO Sections 3.4.1 and 3.4.2.
<input type="checkbox"/> Legal Metes & Bounds	<input type="checkbox"/> Deeds with Book of Map & Page Number
<input type="checkbox"/> Sketch/Pre-submittal meeting held on: _____	<input type="checkbox"/> Meeting Notes submitted
<input type="checkbox"/> Application Fee: An invoice for the application fee will be issued during the completeness check or after the application review.	

Financially Responsible Party (*REQUIRED: Who will pay invoices related to this application?)

Name: _____ Company Name: _____

Title: _____ Signature: 7A7B5B77A17940C
Thomas Cavender
DocuSigned By: Thomas Cavender

Mailing Address _____ City/State/Zip _____

Phone _____ Email _____



Zoning Map (Rezoning) Application

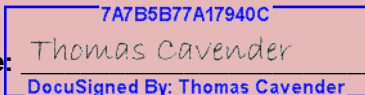
Town of Rolesville Planning Department | PO Box 250 | Rolesville, NC 27571 | 919-554-6517 | planning@rolesvillenc.gov

Planning Department Home Page: [Official Town Webpage](#)

Complete one form for each parcel identification number.

APPLICATION INFORMATION:	
Site Address: Portion of 5036 Walls Cove Lane	Site Area (in acres): 67.2
Rezoning Type: <input type="checkbox"/> General <input checked="" type="checkbox"/> Conditional	Total area requested to be rezoned (in acres): 31.38
Voluntary Annexation Application Submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ANX-	Current Location: <input type="checkbox"/> County Limits <input checked="" type="checkbox"/> ETJ <input type="checkbox"/> Town Limits
Existing Zoning District: RL	Proposed Zoning District(s): CH
PIN: Portion of 1758494277	Associated Previous Case(s):
Current Use(s): Agricultural/Residential	Proposed Use(s): Medical

APPLICATION REQUIREMENTS:	
<input checked="" type="checkbox"/> Complete Application and checklist.	<input checked="" type="checkbox"/> Completed Property Owner's Consent Form – 1 per Owner- See page 5.
<input checked="" type="checkbox"/> If the request is for a <i>Conditional District</i> per LDO Section 3.3. The submittal shall include a separate document listing the written Conditions of Approval, which may consist of exhibits, plans, maps, and other relevant materials. Provide a Date and space for revision Dates; this document will always be referenced, including its Date.	<input checked="" type="checkbox"/> A Concept (nee site) Plan * may be submitted, considered, and approved as part of a <i>Conditional District</i> request; it shall be incorporated into a written condition for “general compliance” upon future Development Application reviews and approvals. Provide a Date and space for revision Dates. See the Next page for details.
<input checked="" type="checkbox"/> Traffic Impact Analysis (TIA), ITE Trip Generation Letter, or a Letter/Email from Planning staff confirming that a TIA is not required. (LDO Section 8.C.5)	<input type="checkbox"/> * The Activity Center (AC) and Neighborhood Commercial (NC) zoning districts require the submission of a Concept Plan (also known as a site plan) as per LDO Sections 3.4.1 and 3.4.2.
<input checked="" type="checkbox"/> Legal Metes & Bounds	<input checked="" type="checkbox"/> Deeds with Book of Map & Page Number
<input checked="" type="checkbox"/> Sketch/Pre-submittal meeting held on: _____	<input type="checkbox"/> Meeting Notes submitted
<input type="checkbox"/> Application Fee: An invoice for the application fee will be issued during the completeness check or after the application review.	

Financially Responsible Party (*REQUIRED: Who will pay invoices related to this application?)	
Name: Thomas Cavender	Company Name: WakeMed
Title: Vice President, Facilities & Construction	Signature: 
Mailing Address: 3000 New Bern Avenue	City/State/Zip: Raleigh, NC 27610
Phone: 919-796-9942	Email: tcavender@wakemed.org

Property Owner (First name on Deed)

Name: _____ Signature: _____

Address: _____ Email: _____

Property Owner (Second name on Deed or Spouse information required if applicable)

Name: _____ Signature: _____

Address: _____ Email: _____

Preferred Point of Contact: Owner Agent Applicant Architect Attorney Engineer

Please add contact information if applicable.

Agent Name: _____ Title/ Firm _____

Phone: _____ Email: _____

Applicant Name: _____ Title/ Firm _____

Phone: _____ Email: _____

Architect Name: _____ Title/ Firm _____

Phone: _____ Email: _____

Attorney Name: _____ Title/ Firm _____

Phone: _____ Email: _____

Engineer Name: _____ Title/ Firm _____

Phone: _____ Email: _____

Owner Name: _____ Title/ Firm _____

Phone: _____ Email: _____

Concept Plan Minimum Requirements (Required for AC or NC Districts, Optional for Conditional Districts):

- A vicinity map of the site, illustrating the boundaries of the site, the north arrow, and the scale reference
- Site Data Table: Typical Property Information (Property Legal Description, Acreage/Square Footage, etc.)
- * If Commercial, include the square footage of the proposed building, use, or development, the approximate proposed Impervious Coverage, approximate parking calculations, and if it is a multi-family development, the number of Dwelling units, etc.
- * If Residential - Number of proposed development lots (including by type of lot and use), density (proposed and permitted), and approximate parking calculations.
- * Calculations for open space are required and provided.
- Existing and Proposed Use and Zoning District of the property and adjacent properties
- A drawing depicting the details provided above as a general concept of the development, including such details as –
 - Residential - Lot layout and a “typical” lot size/dimension exhibit.
 - Non-res/multifamily - Proposed building layout and/or general footprint locations.
 - Vehicular circulation / street layout including existing/proposed right-of-way widths (public, alley, private);
 - Pedestrian circulation, including general greenways, side paths, and bike lane locations.
 - General Utility access and points of connection/extensions,
 - Buffer Spaces (street and perimeter), open communal spaces, stormwater control measures, etc.
- Name, address, and contact information for the property owner and/or Applicant
- Name/information of the professional who created the Concept Plan

- Any other information requested by the Planning Department staff

Rezoning Justification Statement – Complete the attached form

Provide a **separate document** titled “Statement of Justification” (including Date) that addresses each/all the following:

1. Is the application consistent with the Comprehensive Plan, Community Transportation Plan, Bicycle and Greenway Plans, and any other adopted Town policy plans?
2. Does the application conflict with any provision of the LDO or the Town Code of Ordinances?
3. Does the application correct any errors in the existing zoning present when it was adopted?
4. Does the rezoning allow uses compatible with existing and permitted uses on surrounding land/properties?
5. Would the application ensure efficient development within the Town, including the capacity and safety of the street network, public facilities, and other similar considerations?
6. Would the application result in a logical and orderly development pattern?
7. Would the application result in adverse impacts on water, air, noise, stormwater management, wildlife, vegetation, wetlands, and the natural functioning of the environment?
8. If a **Conditional district** providing proposed Conditions of Approval, do they address and mitigate the impacts reasonably expected to be generated by the development or use of the property, can they reasonably be implemented, and can they be enforced for the subject property, and will they result in no more significant impact on adjacent properties or the community at large than would be expected to occur by the permitted uses and the minimum development standards of the corresponding General zoning district.

Neighborhood Meeting- (Complete the attached form)

Per [LDO Section 2.2, Appendix A / 2.3.D., and 2.3.F Rezoning \(Zoning Map Amendment\)](#); and TA-23-01, all applicants **shall conduct a neighborhood meeting prior to any public hearing or review by the Planning Board and Board of Commissioners**. This meeting will enable the applicant to explain the proposed request and address the neighborhood's concerns. A summary of the meeting in the form of meeting notes or minutes, along with a list and contact information (as shown below) for all attendees and a list of property owners and Homeowners' Associations within 500 feet of the subject property as well as all property owners within 200 feet of any roadway improvements and/or utility improvements associated with an application (per Wake County tax records at the time of filing this application) as they are required to receive a Notification Letter regarding the Legislative Hearing before the Town Board of Commissioners (when scheduled).

Conditions of Approval – Provide a separate list of voluntary conditions proposed by the applicant to be signed upon presentation to the Town Board at the Legislative Hearing (if applicable).

Please visit the [Submittal Process webpage](#) for information on submission timing.

Submission Packet Document Review- Please be sure to include the following:

Required documents to be submitted with the Application

<input type="checkbox"/> Complete Application	<input type="checkbox"/> Legal Metes and Bounds
<input type="checkbox"/> Concept Plan (if applicable)	<input type="checkbox"/> Property Owner Consent form(s)
<input type="checkbox"/> Conditional Zoning Proposed List (if applicable)	<input type="checkbox"/> Rezoning Boundary Survey with Total Area Requested and Zoning Districts labeled
<input type="checkbox"/> Deeds	<input type="checkbox"/> Rezoning Justification Statement
<input type="checkbox"/> Financial Responsible Party information	<input type="checkbox"/> Sketch Plan meeting notes (if applicable)

Required documents for Planning Board and/or Town Board meeting

<input type="checkbox"/> Neighborhood Meeting Information	<input type="checkbox"/> PowerPoint slides (or other digital media) to include in the Planning Board and Town Board Agenda Packets.
<input type="checkbox"/> Signed Proposed Conditions (for approval by the Town Board at Legislative Hearing)	



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, each owner must complete an individual form. (A husband and wife may both sign and submit one form.)

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

Property Owner *This field is required.

1) Name: _____ (Type or print clearly.)	Signature: _____
Mailing Address: _____	City/State/Zip: _____
Phone: _____	Email: _____
2) Name: _____ (Type or print clearly.) (spouse if applicable)	Signature: _____
Mailing Address: _____	City/State/Zip: _____
Phone: _____	Email: _____
Company Name: _____	Title: _____

Applicant P.O.A. Agent Legal Representative
Check all that apply.

1) Name: _____ (Type or print clearly.)	Signature: _____ <div style="border: 1px solid blue; padding: 2px; display: inline-block;"> 7A7B5B77A17940C Thomas Cavender DocuSigned By: Thomas Cavender </div>
Mailing Address: _____	City/State/Zip: _____
Phone: _____	Email: _____
Company Name: _____	Title: _____

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 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.



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.

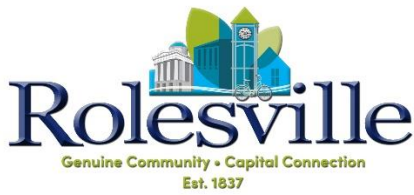
Please provide a separate form for each parcel number. For properties with multiple owners, an individual form must be completed for each owner. (A husband and wife may both sign and submit one form.)

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.



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:
Mailing Address: City/State/Zip:
Phone: Email:
2). Name: Signature:
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.



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: 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:

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.



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: 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: 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:

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.



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: 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:
1). Name: J. Bryant Wiggins II Signature:
Mailing Address: PO Box 371 City/State/Zip: Rolesville, NC 27571
Phone: Email:
2). Name: Signature:
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.



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: 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.
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:

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.



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.

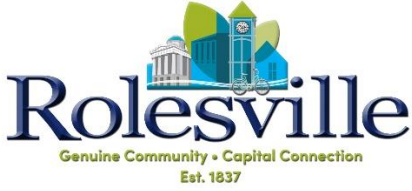
Please provide a separate form for each parcel number. For properties with multiple owners, an individual form must be completed for each owner. (A husband and wife may both sign and submit one form.)

Project/ Subdivision Name: 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: 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:

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.



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

Voluntary List of Proposed Conditions: (Please use additional pages as needed)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Property Owner (First name on Deed)

Printed Name: _____ Signature: _____

***A signature is required before submitting this list to the Town Board for approval at the Legislative Hearing.**

Property Owner (Second name on Deed)

Printed Name: _____ Signature: _____

***A signature is required before submitting this list to the Town Board for approval at the Legislative Hearing.**

Zoning Conditions

Portion of 5309 Walls Cove Lane (PIN 1758494277)

Submitted 9/2/25

1. The following Principal Uses as listed in LDO Table 5.1 that are permitted or special uses in the CH District shall be prohibited: Dwelling, Upper Story Unit; Lodge or Private Clubs; Bars and Nightclubs; Breweries and Distilleries; Gas Station; Retail Sales and Services, Shopping Center; Tattoo Establishment; Vape and Tobacco Store; Vehicle, Rental and Sales; Vehicle, Minor Service; Vehicle, Major Service; Animal Care; Fulfillment Center.

Statement of Justification

Rezoning of Portion of 5036 Walls Cove Lane (PIN: 1758494277)

Date Submitted: 9/2/25

WakeMed is seeking the rezoning of this Property to facilitate the development of a Emergency Department facility. The Future Land Use Map in the proposed 2050 Comprehensive Plan designates this property as both Commercial Center and Civic. The proposed CH zoning is consistent with the Commercial Center designation, and the planned Emergency Department facility is consistent with the Civic designation.

The rezoning allows uses with the surrounding land, including the General Commercial and General Industrial zoning districts to the south. The proposed rezoning will result in significant public benefit to the Town.

The proposed zoning conditions prohibit many of the uses otherwise allowed in the CH district that may have negative impacts on the surrounding area, while permitting orderly development in and around the property.

Property Owners

List of Property Owners:

- J. Bryant Wiggins II, PO Box 371, Rolesville, NC 27571
- A. Taylor Wiggins Jr., 400 Brown Cir., Rolesville, NC 27251
- James Wall Wiggins, 3726 Southeast School Road, Greensboro, NC 27406
- Beverly Dixon, PO Box 70, Rolesville, NC 27571-0070
- James Timothy Wall, 1234 Legacy Green Ave., Wake Forest, NC 27587
- Jennifer Gregory and spouse, Sidney E. Gregory, 5028 Walls Cove Lane, Rolesville, NC 27251
- Gayle P. Wall Leighton, 3512 Piedmont Drive, Raleigh, NC 27604

Record of Title:

- Vesting Deed is dated November 2004 and was recorded in March 2005 at Book 11256, Page 2438, Wake County registry. The vesting deed vests a 1/3 undivided interest with Bertie Wall Wiggins, 1/3 undivided interest in Bessie Wake Dixon, and 1/3 undivided interest in Joan P. Wall.
- Bertie Wall Wiggins died in 2023, and her will devised her share of the property in equal parts to J. Bryant Wiggins II, A. Taylor Wiggins Jr., and James Wall Wiggins.
- Bessie Wake Dixon died in 2023, and here will devised her share of the property to her husband, Beverly Dixon.
- Joan P. Wall died in October 2005 and devised her share of the property in equal parts to James Timothy Wall, Jennifer Gregory, and Gayle P. Wall Leighron.



ENGINEERS • SURVEYORS • SCIENTISTS • CONSTRUCTION MANAGERS

4800 Falls of Neuse Rd, Suite 200 Raleigh, NC 27607 (919) 783-9214 (919) 783-9266 Fax

LOT 2 METES AND BOUNDS DESCRIPTION WAKE FOREST TWP, WAKE COUNTY, NC

A PARCEL OF LAND LOCATED IN WAKE FOREST TOWNSHIP, WAKE COUNTY, NC AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT IN THE CENTERLINE OF BURLINGTON MILLS ROAD AT THE SOUTHEAST CORNER OF LANDS DESCRIBED IN DB 687 PG 206; SAID POINT HAVING NORTH CAROLINA STATE PLANE COORDINATES OF N:788227.32 AND E:2155330.82 (NAD83/2011);

THENCE, ON THE CENTERLINE OF BURLINGTON MILLS ROAD, THE FOLLOWING 8 CALLS:

- 1) N 80° 56' 09" W A DISTANCE OF 57.77 FEET TO A POINT;
- 2) N 75° 47' 45" W, A DISTANCE OF 73.69 FEET TO A POINT;
- 3) N 70° 05' 06" W, A DISTANCE OF 91.44 FEET TO A POINT;
- 4) N 61° 11' 15" W, A DISTANCE OF 69.26 FEET TO A POINT;
- 5) N 55° 01' 49" W, A DISTANCE OF 64.62 FEET TO A POINT;
- 6) N 49° 22' 42" W, A DISTANCE OF 57.13 FEET TO A POINT;
- 7) N 46° 41' 03" W, A DISTANCE OF 63.44 FEET TO A POINT;
- 8) N 46° 05' 23" W, A DISTANCE OF 80.92 FEET TO A POINT AT THE SOUTHEAST CORNER OF LANDS NOW OR FORMERLY OWNED BY WILLARD AND BARBARA PARK (DB 1781 PG 10);

THENCE N 01° 14' 02" W, ON THE EAST LINE OF SAID PARK LANDS, A DISTANCE OF 42.88 FEET TO A FOUND IRON PIPE ON THE NORTH RIGHT OF WAY LINE OF BURLINGTON MILLS ROAD;

THENCE N 01° 14' 02" W, CONTINUING ON THE EAST LINE OF PARK LANDS, A DISTANCE OF 319.33 FEET TO A FOUND IRON PIPE;

THENCE N 89° 44' 58" W, ON THE NORTH LINE OF PARK LANDS, A DISTANCE OF 410.67 FEET TO A POINT;

THENCE ON THE NORTH RIGHT OF WAY LINE OF BURLINGTON MILLS ROAD THE FOLLOWING 5 CALLS:

- 1) N 74° 26' 09" W, A DISTANCE OF 52.08 FEET TO A POINT;
- 2) N 80° 27' 10" W, A DISTANCE OF 65.97 FEET TO A POINT;
- 3) N 85° 07' 10" W, A DISTANCE OF 66.52 FEET TO A POINT;
- 4) N 87° 26' 45" W, A DISTANCE OF 10.55 FEET TO A POINT;
- 5) N 89° 46' 21" W, A DISTANCE OF 59.19 FEET TO A POINT;

THENCE N 10° 15' 50" W, DISTANCE OF 223.78 FEET TO A POINT;

THENCE N 04° 51' 10" E, DISTANCE OF 259.63 FEET TO A POINT;

THENCE N 10° 19' 11" E, DISTANCE OF 86.00 FEET TO A FOUND IRON PIPE AT THE SOUTHWEST CORNER OF LANDS NOW OR FORMERLY OWNED BY BERTIE WIGGINS (DB 12144 PG 2352);

THENCE S 67° 51' 59" E, ON THE SOUTH LINE OF SAID WIGGINS LANDS, A DISTANCE OF 280.65 FEET TO A FOUND IRON PIPE;

THENCE N 04° 57' 19" E, ON THE EAST LINE OF SAID WIGGINS LANDS, A DISTANCE OF 172.29 FEET TO A POINT AT THE SOUTHEAST CORNER OF LANDS NOW OR FORMERLY OWNED BY JENNIFER AND SIDNEY GREGORY (DB 4866 PG 287);

THENCE N 04° 57' 19" E, ON THE EAST LINE OF SAID GREGORY LANDS, A DISTANCE OF 221.96 FEET TO A FOUND IRON PIPE AT THE SOUTHEAST CORNER OF LANDS NOW OR FORMERLY OWNED BY JAMES WALLS (DB 3816 PG 465);

THENCE N 19° 51' 19" E, ON THE EAST LINE OF SAID WALL LANDS, A DISTANCE OF 296.76 FEET TO A FOUND IRON PIPE;

THENCE S 65° 35' 25" E, DISTANCE OF 22.78 FEET TO A POINT;

THENCE S 65° 04' 50" E, DISTANCE OF 466.51 FEET TO A POINT;

THENCE N 53° 18' 05" E, DISTANCE OF 169.95 FEET TO A POINT;

THENCE S 66° 03' 39" E, DISTANCE OF 264.29 FEET TO A POINT ON THE WEST LINE OF LANDS NOW OR FORMERLY OWNED BY NEW OXFORD DEVELOPMENT CO LLC (DB 19679 PG 1109);

THENCE S 03° 18' 53" W, ON THE WEST LINE OF SAID NEW OXFORD LANDS, A DISTANCE OF 49.41 FEET TO A FOUND STONE;

THENCE S 02° 27' 04" W, DISTANCE OF 1500.67 FEET TO A POINT ON THE NORTH RIGHT OF WAY OF BURLINGTON MILLS RD;

THENCE S 02° 27' 04" W, DISTANCE OF 30.20 FEET TO THE POINT OF BEGINNING.

PARCEL CONTAINING 1,367,065 SQUARE FEET, OR 31.38 ACRES OF LAND MORE OR LESS. 16,878 SQUARE FEET (0.39 ACRES) OF WHICH LIE WITHIN THE RIGHT OF WAY OF BURLINGTON MILLS ROAD.