

AMENDED!

DOCKET NO. WR-- WR-4168 Sub 0
FILING FEE RECEIVED \$100

BEFORE THE NORTH CAROLINA UTILITIES COMMISSION

APPLICATION FOR CERTIFICATE OF AUTHORITY TO CHARGE FOR WATER AND/OR SEWER SERVICE AND FOR
APPROVAL OF RATES FOR APARTMENT COMPLEXES AND MANUFACTURED HOME PARKS

INSTRUCTIONS

If additional space is needed, supplementary sheets may be attached. If any section does not apply, write "not applicable".

APPLICANT

1. Name of owner Eagleview Gate City, LLC
2. Business mailing address of owner 13000 S Tryon St Suite F163
City and state Charlotte NC Zip code 28278
3. Business telephone number 704-962-9926 Business fax number _____
4. Business email address ddesantis@eagleviewcap.com

PROPOSED UTILITY SERVICE AREA

5. Name of Apartment Complex or Manufactured Home Park Gate City Flats Apartment Homes
6. County (or counties) Guilford
7. Type of Service (Water and/or Sewer) Water/Sewer
8. Supplier of purchased water City of Greensboro
9. Supplier of purchased sewage treatment City of Greensboro
10. Number of customers - Water 100 Sewer 100
11. Number of customers that can be served (including present customers, vacant units or lots, etc.):
Water 100 Sewer 100
12. For manufactured home parks, are all lots to be served owned by the Applicant? (yes or no) _____

PROPOSED RATES

(Amount Applicant Proposes to Charge)

13. Water usage rate (not to exceed supplier's unit consumption rate): 3.41
14. Sewer usage rate (not to exceed supplier's unit consumption rate): 4.23
15. Are the usage rates listed above per ccf or per 1,000 gallons? Per CCF
16. Monthly administrative fee: \$3.75 admin + \$5.88 wtr swr base = \$9.63
(NOTE: NCUC Rule R18-6(a) specifies that no more than \$3.75 may be added to the cost of purchased water and sewer service as an administrative fee to compensate the provider for meter reading, billing, and collection. An additional administration fee amount may be requested to compensate the provider for administrative fees imposed by the supplier.)
17. Bills past due 25 days after billing date (NCUC Rule R18-7(d) specifies that bills shall not be past due less than twenty-five (25) days after billing date).

PERSONS TO CONTACT

	<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
18. Management Company	<u>Dan DeSantis</u>	<u>13000 S Tryon St Ste F-163 Charlotte, NC 28278</u>	<u>704-962-9926</u>
19. Complaints or Billing	<u>Dan DeSantis</u>	<u>13000 S Tryon St Ste F-163 Charlotte, NC 28278</u>	<u>704-962-9926</u>
20. Emergency Service	<u>Dan DeSantis</u>	<u>13000 S Tryon St Ste F-163 Charlotte, NC 28278</u>	<u>704-962-9926</u>
21. Filing and Payment of Regulatory Fees to Utilities Commission	<u>Dan DeSantis</u>	<u>13000 S Tryon St Ste F-163 Charlotte, NC 28278</u>	<u>704-962-9926</u>

OFFICIAL COPY

Jan 27 2023

REQUIRED EXHIBITS

1. If the Applicant is a corporation, LLC, LP, etc., enclose a copy of the certification from the North Carolina Secretary of State (Articles of Incorporation or Application for Certificate of Authority for Limited Liability Company, etc.). **(Must match name on Line 1 of application.)**
2. If the Applicant is a partnership, enclose a copy of the partnership agreement. **(Must match name on Line 1 of application.)**
3. Enclose a copy of a Warranty Deed showing that the Applicant has ownership of all the property necessary to operate the utility. **(Must match name on Line 1 of application.)**
4. Enclose a vicinity map showing the location of the apartment complex or manufactured home park in sufficient detail for someone not familiar with the county to locate the apartment complex or manufactured home park. (A county roadmap with the apartment complex or manufactured home park outlined is suggested.)
5. Enclose maps of the apartment complex or manufactured home park in sufficient detail to show the layout of streets, apartment buildings or manufactured home lots, and water and/or sewer mains.
6. Enclose a copy of the supplier's schedule of rates that will be charged to the provider for purchased water.
7. Enclose a copy of the supplier's schedule of rates that will be charged to the provider for purchased sewage treatment.
8. Enclose a copy of any agreements or contracts that the Applicant has entered into covering the provision of billing and collecting and meter reading services to the apartment complex or manufactured home park.
9. If the provider is requesting to include the supplier's administrative fee in its administrative fee, enclose an exhibit listing the master meters serving the apartment complex or mobile home park, indicating for each master meter the size of the meter. Apartment complexes should also indicate the number of apartment buildings served by the meter, and the number of apartments in each apartment building.

FILING INSTRUCTIONS

10. Submit one (1) original application with required exhibits and **original notarized signature** to: [USPS address] **Chief Clerk's Office, North Carolina Utilities Commission, 4325 Mail Service Center, Raleigh, North Carolina 27699-4325**, or [overnight delivery at street address] **Chief Clerk's Office, North Carolina Utilities Commission, 430 North Salisbury Street, Raleigh, North Carolina 27603**. Provide a self-addressed stamped envelope, plus an additional copy, if a file-stamped copy is requested by the Applicant.
11. Enclose a filing fee as required by G. S. §62-300. A Class A company (annual revenues of \$1,000,000 or more) requires a \$250 filing fee. A Class B company (annual revenues between \$200,000 and \$1,000,000) requires a \$100 filing fee. A Class C company (annual revenues less than \$200,000) requires a \$25 filing fee. **MAKE CHECK PAYABLE TO N.C. DEPARTMENT OF COMMERCE/UTILITIES COMMISSION.**

SIGNATURE

12. Application shall be signed and verified by the Applicant.

Signature



Date

1/25/2023

13. (Typed or Printed Name)

Daniel Desantis

personally appearing before me and, being first duly sworn, says that the information contained in this application and in the exhibits attached hereto are true to the best of his/her knowledge and belief.

This the 25 day of January, 2023.


Notary Public

My Commission Expires:

Oct 19 2026

Date

LORENZO RAMOS
NOTARY PUBLIC
MECKLENBURG COUNTY, NC
COMMISSION EXP. OCT. 19, 2026

Name: Gate City Flats
Management Eagleview Capital
Municipality Greensboro

Base Fee Breakdown

Number of Contracted Units		Meter Number	Number of Units per meter	Meter Size	Water Base Charge Per Bill		Sewer Base Charge Per Bill
48		49908611	48	2.0"	\$ 147.00		\$ 147.00
52		21852906	52	2.0"	\$ 147.00		\$ 147.00
				Total Water Base Fees	\$ 294.00		\$ 294.00
				Water Base Fees per Unit: Total base fee / Number of units	\$ 2.94	Sewer Base Fees per Unit: Total base fee / Number of units	\$ 2.94

Administration Fee:	
\$ 3.75	Per Unit

Total Charge:	
\$ 3.75	Admin Fee
\$ 2.94	Water Base Fee
\$ 2.94	Sewer Base Fee
\$ 9.63	Total

D DeSantis 1/24/2023



Jan 27 2023

OFFICIAL COPY

State of North Carolina
Department of the Secretary of State

SOSID: 2233192
Date Filed: 7/14/2021 4:36:00 PM
Elaine F. Marshall
North Carolina Secretary of State
C2021 195 01299

OFFICIAL COPY

Jan 27 2023

APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR LIMITED LIABILITY COMPANY

Pursuant to §57D-7-03 of the General Statutes of North Carolina, the undersigned limited liability company hereby applies for a Certificate of Authority to transact business in the State of North Carolina, and for that purpose submits the following:

1. The name of the limited liability company is Eagleview Gate City, LLC;
and if the limited liability company name is unavailable for use in the State of North Carolina, the name the limited liability company wishes to use is _____.

2. The state or country under whose laws the limited liability company was formed is DE, United States.

3. Principal office information: (Select either a or b.)

a. ☒ The limited liability company has a principal office.

The principal office telephone number: (704) 962-9926

The street address and county of the principal office of the limited liability company is:

Number and Street: 3203 Orange Street

City: Greensboro State: NC Zip Code: 27405 County: Guilford

The mailing address, *if different from the street address*, of the principal office of the corporation is:

Number and Street: 13000 S Tryon St Ste F-163

City: Charlotte State: NC Zip Code: 28278 County: Mecklenburg

b. ☐ The limited liability company does not have a principal office.

4. The name of the registered agent in the State of North Carolina is: Daniel DeSantis.

5. The street address and county of the registered agent's office in the State of North Carolina is:

Number and Street: 15708 Eagleview Drive

City: Charlotte State: NC Zip Code: 28278 County: Mecklenburg

6. The North Carolina mailing address, *if different from the street address*, of the registered agent's office in the State of North Carolina is:

Number and Street: 13000 S Tryon St Ste F-163

City: Charlotte State: NC Zip Code: 28278 County: Mecklenburg

APPLICATION FOR CERTIFICATE OF AUTHORITY

Page 2

7. The names, titles, and usual business addresses of the current company officials of the limited liability company are:
(use attachment if necessary) (This document must be signed by a person listed in item 7.)

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Eagleview Bethabara Gardens, LLC	Member	13000 S Tryon St Ste F-163 Charlotte NC, 28278 United States

8. Attached is a certificate of existence (or document of similar import), duly authenticated by the secretary of state or other official having custody of limited liability company records in the state or country of formation. **The Certificate of Existence must be less than six months old. A photocopy of the certification cannot be accepted.**
9. If the limited liability company is required to use a fictitious name in order to transact business in this State, a copy of the resolution of its managers adopting the fictitious name is attached.
10. (Optional): Please provide a business e-mail address: Privacy Redaction
The Secretary of State's Office will e-mail the business automatically at the address provided above at no cost when a document is filed. **The e-mail provided will not be viewable on the website.** For more information on why this service is offered, please see the instructions for this document.
11. This application will be effective upon filing, unless a delayed date and/or time is specified: _____

This the 14th day of July, 2021

Eagleview Gate City, LLC

Name of Limited Liability Company

Eagleview Bethabara Gardens, LLC Daniel J DeSantis, Manager

Signature of Company Official

Daniel J DeSantis, Manager

Type or Print Name and Title

Notes:

1. **Filing fee is \$250.** This document must be filed with the Secretary of State.

Delaware

The First State

Page 1

OFFICIAL COPY

Jan 27 2023

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EAGLEVIEW GATE CITY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EAGLEVIEW GATE CITY, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JWB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6006774 8300

SR# 20212706631

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203675071

Date: 07-14-21