

Right-of-Way Vacation Application

Submittal Date:_____

Location	n of the Street/Alley Righ	t-of-Way Proposed t	o be Vacated:				
N 1	f O f the Down out.						
	f Owner of the Property						
iviaiiing	Address:		City:	Sla	ite:	_ ZIP:	
Phone:	:	Fax: :		Cell: :			
Property By signatu the prope 6507. The disclose t this applic		er acknowledges that City es, and/or other standard by notified that members scussion (outside the he	officials and/or employ d activities in the course of the Planning and Zon aring) with any person,	ees may, in the perform of processing this ap ning Commission and including the proper	plication, p I City Coun ty owner o	oursuant to Idal cil are required or representativ	no Code §6 to genera ve, regardi
Propert	y Owner's Signature:				Date:	//	
Name of	individual to contact on b	ehalf of Trust or LLC (it	applicable):				
Mailing <i>A</i>	Address:		City:	State:	Zip:		
	:						
	dress:						
Phone:	Address:	Fax: :		Cell: :			
Fees:					C	ITY TO VERIFY	,
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The follow	wing items must be submitted One (1) large survey, to scale, Vicinity map One (1) 11" x 17" copy of surv PDF files of all required docun	I with the application for showing the nature and rey	the application to be co	onsidered complete	(√) :	DR CITY USE OF	
	List of legal descriptions and c	owners of properties adja	cent to the right-of-way	proposed to be vaca	ted.		
	Names and address of all prop Submit paper copy and electro server http://maps.co.blaine.iupon request.	onically on formatted spr	eadsheet. Names and ac	ddresses can be obta	ined using	the Blaine Cour	nty map
	Names and addresses of ease	ment holders within the	subject property.	Certified (Compete I	oy:	