

# Right-of-Way Vacation Application

Location of the Street/Alley Right-of-Way Proposed to be Vacated: \_\_\_\_\_

Submittal Date: \_\_\_\_\_

**Name of Owner of the Property:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Property Owner Consent:**

By signature hereon, the property owner acknowledges that City officials and/or employees may, in the performance of their functions, enter upon the property to inspect, post legal notices, and/or other standard activities in the course of processing this application, pursuant to Idaho Code §67-6507. The property owner is also hereby notified that members of the Planning and Zoning Commission and City Council are required to generally disclose the content of any *ex parte* discussion (outside the hearing) with any person, including the property owner or representative, regarding this application.

**Property Owner's Signature:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of individual to contact on behalf of Trust or LLC (if applicable):** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Application Contact (if different than above):** \_\_\_\_\_

*\*\*Application Contact will be the Planning Department's primary contact for questions related to the application.*

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

<b>Fees:</b>	<u><b>CITY TO VERIFY</b></u>
Application.....	\$ 700.00
Publication: \$57.00 x 2.....	\$ 112.00
Mailing: <b>DO NOT COUNT DUPLICATES OR CITY OF HAILEY</b> (# of addresses ____ ) x 2 = ____	
X [(____ postage + \$____ certification fee) + (\$____ return receipt fee) + (____ postage + .21)]...	\$ _____
Total.....	\$ _____

**The following items must be submitted with the application for the application to be considered complete (✓):**

- \_\_\_\_\_ One (1) large survey, to scale, showing the nature and extent of the proposed vacation **FOR CITY USE ONLY**
- \_\_\_\_\_ Vicinity map
- \_\_\_\_\_ One (1) 11" x 17" copy of survey
- \_\_\_\_\_ PDF files of all required documents
- \_\_\_\_\_ List of legal descriptions and owners of properties adjacent to the right-of-way proposed to be vacated.
- \_\_\_\_\_ Names and address of all property owners within three hundred (300) feet of the exterior boundaries of the land being considered. Submit paper copy and electronically on formatted spreadsheet. Names and addresses can be obtained using the Blaine County map server <http://maps.co.blaine.id.us/> or from the Blaine County Assessor's office. Assistance can be provided by the Hailey Planning staff upon request.
- \_\_\_\_\_ Names and addresses of easement holders within the subject property.

Certified Complete by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_