

# Right-of-Way Closure

☐ Street ☐ Alley

## APPLICANT INFO

Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Affiliation \_\_\_\_\_

Meeting Date (if applicable) \_\_\_\_\_

File Number(s) \_\_\_\_\_

## CORRESPONDENCE

*All correspondence related to this application should be directed to the approved contact listed below.*

☐ Applicant ☐ Owner ☐ Option Holder ☐ Project Surveyor ☐ Engineer ☐ Architect/Landscape Architect

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## CURRENT ROW INFO

Name of Right-of-Way \_\_\_\_\_

In use (Y/N) \_\_\_\_\_

Improved (Y/N)  
(ex: paved) \_\_\_\_\_

## REQUEST

Starting point of closure \_\_\_\_\_

(**from** street, alley, city block, lot, etc)

Ending point of closure \_\_\_\_\_

(**to** street, alley, city block, lot, etc)

Reason for Closure \_\_\_\_\_

*Attach separate sheet if needed for explanation*

**STAFF USE ONLY**

		Fee 1		Total
Map Number	City Council District	Fee 2		
Planning Sector		Fee 3		

Other Location Information

**AUTHORIZATION***By signing below, I certify I am the property owner, applicant or the owners authorized representative.*

Applicant Signature

Please Print

Date

Phone Number

Email

Staff Signature

Please Print

Date

**RIGHT-OF-WAY CLOSURE CANVASS FORM**

All owners and holders of option on property abutting the proposed closure must sign the list below and express their opinion about this closure. A map showing the location and addresses of these properties must accompany this application.

ADDRESS	NAME	SIGNATURE	AGREE	DISAGREE

*If more space is needed, attach additional sheets.*