



THE FOLLOWING **MUST** BE SUBMITTED WITH THIS FORM BEFORE APPLICATION MAY BE PROCESSED

↓ PLEASE BRING ITEM(S) WITH YOU WHEN SUBMITTING FORM ↓

- 1 Copy of deed(s) to the parcel(s) requested to be vacated.
- 2 Copy of recorded subdivision plat from which the parcel(s) are requested to be vacated.
- 3 Copy of recorded parcel(s) deed restrictions and/or subdivision covenants, declarations and/or restrictions pertaining to the parcel(s) requested to be vacated.

APPLICANT INFORMATION

PROPERTY OWNER NAME: _____

PROPERTY OWNER MAILING ADDRESS: _____

Street Address or P.O. Box _____ City _____ State _____ Zip Code _____ Area Code & Home Telephone _____

Area Code & Work Telephone _____ Area Code & Mobile Telephone _____ E-mail _____

PARCEL(S) INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH PARCEL REQUESTED FOR VACATION:

COUNTY TAX MAP PARCEL(S) ID No(s):	#1: _____	#2: _____	#3: _____
DEED BOOK (DB) & PAGE No(s) (PG):	#1: DB _____ PG _____	#2: DB _____ PG _____	#3: DB _____ PG _____
PLAT BOOK (PB) & PAGE No(s) (PG):	#1: PB _____ PG _____	#2: PB _____ PG _____	#3: PB _____ PG _____
ACREAGE (AC) & ZONING (ZN):	#1: AC _____ ZN _____	#2: AC _____ ZN _____	#3: AC _____ ZN _____
PARCEL(S) SERVED BY PUBLIC WATER:	#1: <input type="checkbox"/> - YES <input type="checkbox"/> - NO	#2: <input type="checkbox"/> - YES <input type="checkbox"/> - NO	#3: <input type="checkbox"/> - YES <input type="checkbox"/> - NO
PARCEL(S) SERVED BY PUBLIC SEWER:	#1: <input type="checkbox"/> - YES <input type="checkbox"/> - NO	#2: <input type="checkbox"/> - YES <input type="checkbox"/> - NO	#3: <input type="checkbox"/> - YES <input type="checkbox"/> - NO
PARCEL(S) SERVED BY PUBLIC ROAD:	#1: <input type="checkbox"/> - YES <input type="checkbox"/> - NO	#2: <input type="checkbox"/> - YES <input type="checkbox"/> - NO	#3: <input type="checkbox"/> - YES <input type="checkbox"/> - NO

ADDITIONAL INFORMATION

BRIEFLY STATE PURPOSE/REASON FOR REQUESTING VACATION FOR EACH PARCEL:

PARCEL #1: _____

PARCEL #2: _____

PARCEL #3: _____

OWNER CERTIFICATION & SIGNATURE

I THE UNDERSIGNED AM AN OWNER OF THE ABOVE-DESCRIBED PARCEL(S) AND CERTIFY I AM LEGALLY AUTHORIZED TO MAKE THIS APPLICATION FOR VACATION OF PLAT.

OWNER SIGNATURE: _____ DATE: _____

FOR COUNTY USE ONLY

DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____

PERMIT APPLICATION FEE: \$ _____ Initials