



## RIGHT OF WAY/EASEMENT CLOSURE REQUEST

NOTE: COMPLETE SECTIONS IN WHITE.

Application # _____	Date _____	Reviewed By _____
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**Subject Property Address** \_\_\_\_\_

Applicant Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Owner/Developer \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Surveyor \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Zoning District \_\_\_\_\_

Alleyway Street				
Legal Description	Lot	Block	Addition	
Legal Description	Lot	Block	Addition	
Surrounding Zoning	North	South	East	West
Specific Action Requested				

Application Fee	Account Number: 08-01-490000-000	Cost \$50.00
Legal Notification	Site Plan	5 Copies
Tech Review Date:		

**APPLICANT:** I THE UNDERSIGNED APPLICANT, DO HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAW AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

BOA APPROVED	DENIED
BOA SIGNATURE	
Resolution Number	Ordinance Number

PLEASE RETURN THE ORIGINAL TO THE COMMUNITY DEVELOPMENT DEPARTMENT