

City of Suffolk Department of Planning
APPLICATION FOR STREET VACATION



<i>PART 1- OFFICE INFORMATION: To be completed by staff</i>			
Application Number:		Date Paid:	
Taxes Paid:	<input type="checkbox"/> Current <input type="checkbox"/> Delinquent	Application Fee Paid:	
Project Name:	Project Address or Tax Map:		
Date of Decision:		Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

<i>PART 2- GENERAL INFORMATION: To be completed by applicant</i>
<p><u>Important Notice:</u> Only complete hard copy applications with original signatures are accepted. This application should be used to petition City Council for the abandonment of a public street. This is a request for a street abandonment in accordance to § 15.2-2006 and § 33.1-246 of the Virginia Code: Abandonment of certain roads and railway crossings.</p> <p><u>Application Fee: \$350.00</u></p> <p>List of Street Name(s) to be Vacated: _____ _____ _____</p> <p>Property Addresses Involved (if any): _____ _____ _____</p> <p>Affected Tax Map Numbers and Account Numbers: _____ _____</p> <p>Area (in square feet) to be Vacated: _____</p> <p>Zoning District of Affected Areas: _____</p>

<i>PART 3- REQUIRED INFORMATION FOR APPLICATION: To be submitted by applicant</i>
The applicant must submit a <i>survey</i> showing the exact <i>location and extent</i> of the areas to be vacated.

PART 4- CONTACT INFORMATION: To be completed by applicant, owners, and other contacts

This application must be signed by the property owner(s) or must have attached to it written evidence of the owner's consent, which may be in the form of a binding contract of sale or a letter signed by the owner(s) authorizing the applicant to act as his or her agent. Signing this application shall constitute the granting of authority of the City to enter onto the property for the purpose of conducting site analyses.

Applicant Information/Person or Company to be Invoiced:

Name: _____ Company: _____
Address: _____ City, State, Zip: _____
Email: _____ Phone Number: _____
Applicant Signature: _____ Date: _____

Property Owner(s) Information (Complete if different from applicant):

Name: _____ Company: _____
Address: _____ City, State, Zip: _____
Email: _____ Phone Number: _____
Owner Signature 1: _____ Date: _____
Name: _____ Company: _____
Address: _____ City, State, Zip: _____
Email: _____ Phone Number: _____
Owner Signature 2: _____ Date: _____

Other Contacts (Such as engineers, surveyors, architects, agents, attorneys, owners, etc.):

Name: _____ Company: _____
Address: _____ City, State, Zip: _____
Email: _____ Phone Number: _____
Specify type of contact/relationship: _____
Signature: _____ Date: _____
Name: _____ Company: _____
Address: _____ City, State, Zip: _____
Email: _____ Phone Number: _____
Specify type of contact/relationship: _____
Signature: _____ Date: _____