



Application Received: _____
Fee Received: _____
Staff Initials: _____

VACATION APPLICATION

APPLICANT INFORMATION

Name(s): _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

PROPERTY OWNER INFORMATION (if different from above)

Name(s): _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

PROPERTY INFORMATION

Reason for Request: _____

Describe Location: _____

Property Address(es), if applicable: _____

Parcel Number(s), if applicable: _____

Legal Description (attach if lengthy): _____

Applicant Signature(s) _____ Print Name _____ Date _____

Property Owner Signature(s) _____ Print Name _____ Date _____

Property Owner Signature(s) _____ Print Name _____ Date _____

SUBMIT APPLICATION AND SUBMISSION REQUIREMENTS TO:

Planning & Zoning Division, 500 Center Avenue, Fourth Floor, PO Box 779, Moorhead, MN 56561-0779.

APPLICATION DEADLINE: Completed application and submission requirements must be received by 12:00 p.m. on the deadline date (at least four weeks prior to the scheduled Planning Commission meeting).

APPLICATION SUBMISSION REQUIREMENTS:

The following must accompany this application:

_____ Proof of Title to the property containing the requested easement vacation, or adjacent to requested right-of-way vacation, or written authorization from owner(s) if applicant is not the owner

_____ Application fee of \$350 + County Recorder fee of \$46 = **\$396 payable to the City of Moorhead.**
The City of Moorhead will record the vacation with the Clay County Recorder's office.

_____ Signatures noting support of the application from property owners abutting area proposed to be vacated.

Questions? Contact City of Moorhead Planning & Zoning at 218.299.5370