

**CITY OF APPLE VALLEY
VACATION OF EASEMENT/PUBLIC GROUNDS APPLICATION FORM**

7100 147th Street West
Apple Valley, MN 55124
Phone: (952) 953-2575
FAX: (952) 953-2515

Applicant's Name: _____

Address: _____
Street City State Zip Code

Telephone Number: _____ **FAX Number:** _____ **Email:** _____

Property Owner: _____

Address: _____
Street City State Zip Code

Telephone Number: _____ **FAX Number:** _____ **Email:** _____

Location of Easement: _____
 (Address/Legal Description) _____

Signature of Applicant: _____ **Date:** _____

Property Owner's Signature: _____ **Date:** _____

The following must be submitted with the Application for Vacation:

1. An exact legal description of the easements to be vacated.
2. Certificate of Survey, if applicable, or scaled survey of the property showing the proposal.
3. Names and Signatures of all property owners abutting the easements to be vacated.
4. Narrative stating need for vacation of easements
5. All necessary fees and escrows as established by the City Council.

FEES & SECURITIES:

CODE:

\$180.00	Application Fee	4214
\$500.00	Financial Security	5078

AUTHORIZATION FOR SITE VISITS: By signing this page and submitting the application materials attached herein, the Owner, Applicant and his/her/their agent(s) hereby authorize the City elected and appointed officials, and City staff to enter the subject properties for the purpose of reviewing the application submitted.

FOR INTERNAL CITY USE ONLY

Total Fee \$ _____ Receipt Number: _____ Date Paid: _____ Project Number: _____

Date Set for Hearing _____

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Names and Signatures of Abutting Property Owners

(Please use additional sheets if necessary)

Name

Address

Signature

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____