

RIGHT-OF-WAY VACATION APPLICATION

City of Central Point Planning Department

DATE STAMP
FOR OFFICE USE ONLY

APPLICANT INFORMAT				
Name:				
Address:			7:- Codo	
City: Telephone: Business:				
E-mail Address:				
E-IIIaii Audiess.				
AGENT INFORMATION:				
Name:				
Address:	Ctoto.		7' 0 1	
City:				
Telephone: Business:				
E-mail Address:				
OWNER OF RECORD: (Attach Separate Sheet If More Than One): Name:				
Address:	Ctata:		-· ~ 1	
City:	State:	D damage	Zip Code:	
Telephone: Business:		Residence.	;	
PROJECT DESCRIPTION: General Description of Area to be Vacated and objective of project:				
Pre-application File No.:				
 □ Assessor's Map of area to be vacated, showing abutting and affected properties (and identifying the parcels for which consents to vacate have been acquired if not initiating by letter to City Council) □ Written Authority from Property Owner if Agent in application process □ Mailing labels for all properties within 250 foot perimeter of project □ Findings of Fact (see attached) 				
I HEREBY STATE THAT THE FACTS RELATED IN THE ABOVE APPLICATION AND THE PLANS AND DOCUMENTS SUBMITTED HEREWITH ARE TRUE, CORRECT, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.				
I certify that I am the:	Property Owner		uthorized Agent of Owner Project Site	
Signature:		Date	e:	
If any wetlands exist on the site, it is the applicant's responsibility to apply for a permit to the Division of State Lands before any site work begins.				
	LANNING DEPAR			
Application Accepted As Complete on: Land Use Case File No 120 th Day for Land Use or Limited Land Use Decision: Wetlands Check:				