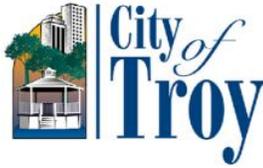


STREET / ALLEY VACATION APPLICATION CITY OF TROY

CITY OF TROY PLANNING DEPARTMENT
500 W. BIG BEAVER
TROY, MICHIGAN 48084
248-524-3364
FAX: 248-524-3382
E-MAIL: [planning @troymi.gov](mailto:planning@troymi.gov)



FILE NUMBER _____
DATE FILED _____
STREET VAC. FEE (\$500.00) _____
ESCROW FEE (\$1,500.00) _____

NOTICE TO THE APPLICANT

REGULAR MEETINGS OF THE TROY CITY PLANNING COMMISSION ARE HELD ON THE SECOND TUESDAY OF EACH MONTH AT 7:00 P.M. AT THE CITY HALL. APPLICATIONS FOR **VACATIONS** SHALL BE FILED NOT LATER THAN THIRTY (30) DAYS BEFORE THE SCHEDULED DATE OF THE MEETING.

PLEASE FILE ONE (1) SIGNED ORIGINAL APPLICATION FORM

THE **ESCROW FEE** IS AN ADDITIONAL FEE ABOVE THE NON-REFUNDABLE APPLICATION FEE WHICH SHALL BE USED TO PAY PROFESSIONAL REVIEW EXPENSES OF OUTSIDE CONSULTANTS.

TO THE CITY COUNCIL:

I (WE), THE UNDERSIGNED, DO HEREBY RESPECTFULLY PETITION AND MAKE APPLICATION TO THE TROY CITY COUNCIL FOR VACATION OF THE RIGHT- OF- WAY OR EASEMENT WHICH IS DESCRIBED AS FOLLOWS:

APPLICANT(S) FOR VACATION:

NAME _____	NAME _____
COMPANY _____	COMPANY _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE ___ ZIP _____	CITY _____ STATE ___ ZIP _____
TELEPHONE _____	TELEPHONE _____
E-MAIL _____	E-MAIL _____

ADDRESS(S) AND/OR PARCEL NUMBER(S) OF PROPERTY OWNED BY APPLICANT(S) WHICH ABUTS OR INCLUDES THE AREA FOR WHICH VACATION IS REQUESTED: _____

THIS REQUEST FOR VACATION IS MADE FOR THE FOLLOWING REASON(S) : _____

(Attach additional informational pages if necessary)

ATTACHED IS A MAP INDICATING THE AREA FOR WHICH VACATION IS REQUESTED, THE LOCATION OF THE APPLICANT(S) PROPERTY, AND OTHER ABUTTING PROPERTIES. (1" = 200' MIN. SCALE)

SIGNATURE(S) OF THE APPLICANT(S):

DATE: _____
 DATE: _____