Columbus – Bartholomew County Planning Department

Vacation of Public Right-of-way Application

Planning Department Use Only:

Jurisdiction: ☐ Columbus ☐ Bartholomew County

Docket No.: _____

Vacation of Public Right-of-way Application (process per IC 36-7-3-12):

Applicant Contact Information:

Name: _____

Address: _____
(number) (street) (city) (state) (zip)

Phone No.: _____ Fax No.: _____ E-mail Address: _____

Right-of-Way to be Vacated:

☐ Street / Road ☐ Alley ☐ Other Street or Road Name: _____

To be Vacated Between: _____ and _____

Applicant's Adjacent Property Information (complete 1 address line for each property owned by the applicant):

Address: _____
(number) (street)

Address: _____
(number) (street)

Address: _____
(number) (street)

Notification Information (list the person to whom all correspondence regarding this application should be directed):

Name: _____

Address: _____
(number) (street) (city) (state) (zip)

Phone No.: _____ Fax No.: _____ E-mail Address: _____

How would you prefer to receive information (please check one): ___ E-mail ___ Phone ___ Fax ___ Mail

Reason(s) for the Vacation:

Describe the reason(s) why this right-of-way should be vacated:

_____

_____

Supporting Information **(please note the following which must be provided with the application):**

☐ A map showing the right-of-way to be vacated, the location and names of the nearest streets, and the street address and owners name for all adjoining properties.

Applicant's Signature:

The information included in and with this application is completely true and correct to the best of my knowledge and belief. I understand that I will be required to hire a land surveyor and have an administrative subdivision plat prepared that documents the right-of-way vacation upon approval by the City Council.

_____ _____
(Applicant's Signature) (Date)

_____
(Applicant's Printed Name)

Other Adjoining Property Owner's Signatures **(the "owner" does not include tenants or contract buyers):**

By my signature below I am indicating that my property is adjacent to the right-of-way proposed to be vacated, that I have reviewed this application, that I know I may be required to take ownership of a portion of the vacated right-of-way, and that I support this request.

_____ _____
(Signature) (Date)

_____
(Printed Name)

_____ _____
(Signature) (Date)

_____
(Printed Name)

_____ _____
(Signature) (Date)

_____
(Printed Name)