

Application Received:	
Fee Received:	
Staff Initials:	

VACATION APPLICATION

APPLICANT INFORMATION			
Name(s):			
Mailing Address:		•	
Telephone:			
E-mail Address:			
PROPERTY OWNER INFORMATION (if dif	ferent from above)		
Name(s):			
Mailing Address:			
Telephone:			
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):			
**If you are unable to provide a PDF Digital ID, please p	print application to provide original sig	gnature(s).	
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, 403 Center Avenue, 7th 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).

ICATION SUBMISSION REQUIREMENTS: cllowing 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 or planning@moorheadmn.gov