

# Application for Alleyway or Street Abandonment

**Part I** *(to be completed by applicant and submitted with non-refundable fee of \$100.00)* Please type or print in ink the following information:

Applicant's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Agent's Name & Address (if applicable) \_\_\_\_\_

Location of Alleyway or Street:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State why it is practical to abandon or close the alleyway or street space: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(to be completed by City staff)*

Name and complete address of the owners of all property located adjacent to or directly across a street from the property for which the vacation is being requested:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID:           Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID:           Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID:           Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

**Application for Alleyway or Street Abandonment**  
Additional Nearby and Adjacent Property Owners

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID:           Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID:           Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID:           Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Map ID:           Section \_\_\_\_\_ Block \_\_\_\_\_ Lot(s) \_\_\_\_\_

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I hereby apply for an abandonment for the property described herein subject to all City and State laws, ordinances and regulations. I hereby grant appropriate City officials the right to enter upon the above described property during normal business hours to conduct any inspection necessary. I hereby certify, under penalties of perjury, that the above information is true and correct.

\_\_\_\_\_  
*Signature of Applicant/Agent*

*Owners's consent if different from applicant :*

\_\_\_\_\_  
*Signature of Owner(s)*

.....

**Part 2 (to be completed by City)**

Date Completed Application and Fee Received: \_\_\_\_\_

Date of Planning Commission Hearing: \_\_\_\_\_ Dates of Advertisements: \_\_\_\_\_

Date of City Council Hearing: \_\_\_\_\_ Dates of Advertisements: \_\_\_\_\_

I certify that, on \_\_\_\_\_, each of the property owners adjacent to and across the street from the property affected by this request were sent by first class mail a notification of the public hearing before the Martinsville Planning Commission.

\_\_\_\_\_  
Certifying Signature of City Staff

\_\_\_\_\_  
Attest by Deputy Clerk of Circuit Court

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Recommendation by Planning Commission: \_\_\_\_\_

\_\_\_\_\_

Action by Martinsville City Council:      Date \_\_\_\_\_      Approved       Denied