



City of St. Maries

"On the Shadowy St. Joe"

602 College Avenue, St. Maries, Idaho 83861

Phone 208-245-2577

Fax 245-6579

| | |
|--------------------------|-------|
| For City Use Only | |
| Date Received: | _____ |
| Fee: \$ | _____ |
| Fee Received by: | _____ |
| Receipt No. | _____ |

APPLICATION FOR PLAT, STREET, ALLEY OR EASEMENT VACATION

(Please type or print plainly with blue ink)

| | |
|---|-------------------------|
| APPLICANT INFORMATION: | |
| Name: _____ | Phone: _____ |
| Street Address: _____ | E-Mail: _____ |
| City: _____ | State: _____ Zip: _____ |
| APPLICANT STATUS: Owner: _____ Authorized Agent: _____ (specify below) | |
| ENGINEER: _____ SURVEYOR: _____ PLANNER: _____ OTHER: _____ (specify) | |
| OWNER INFORMATION: (if different than applicant) | |
| Name: _____ | Phone: _____ |
| Street Address: _____ | E-Mail: _____ |
| City: _____ | State: _____ Zip: _____ |

| |
|---|
| REASON / INTENT FOR REQUESTING VACATION: |
| _____ |
| _____ |
| _____ |

| |
|---|
| SITE INFORMATION: |
| General Description (and address if applicable) of Proposed Vacation: _____ |
| _____ |
| _____ |

Legal Description of Proposed Vacation: (or attach as necessary) _____

PROVIDE THE NAME, ADDRESS, PHONE NUMBER AND SIGNATURE OF PROPERTY OWNERS WHOSE PROPERTY IS DIRECTLY ABUTTING THIS PROPOSED VACATION.

Name: _____ Phone: _____

Street Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Name: _____ Phone: _____

Street Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Name: _____ Phone: _____

Street Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Name: _____ Phone: _____

Street Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

(Attach additional sheets as necessary to provide ownership information)

PROVIDE THE NAME, ADDRESS, PHONE NUMBER OF PROPERTY OWNERS WHOSE PROPERTY IS DIRECTLY ABUTTING THIS PROPOSED VACATION OWNERS WHO HAVE NOT SIGNED THIS PETITION/APPLICATION.

Name: _____ Phone: _____

Street Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Street Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____
 Street Address: _____ E-Mail: _____
 City: _____ State: _____ Zip: _____

Name: _____ Phone: _____
 Street Address: _____ E-Mail: _____
 City: _____ State: _____ Zip: _____

(Attach additional sheets as necessary to provide ownership information)

ATTACH TO THIS APPLICATION:

1. A legal description of the property to be vacated, evidenced by a recorded warranty deed or stamped by a licensed surveyor or title company.
2. A conceptual plan of the proposal (no larger than 11x17), as applicable.
3. A vicinity map (no larger than 11x17).
4. A certificate, by a Title Company licensed in the State of Idaho, as to ownership of record and any interest of record in the subject property and a list of property owners of record within 300 feet of the external boundaries of the proposed vacation.

The application must be accompanied by a non-refundable filing fee per the most recently adopted Fee Resolution. The applicant shall also pay all direct costs associated with processing the application including, but not limited to, plan review, postage, and the preparation of any necessary reports and findings. If the applicant fails to pay the direct costs in a timely basis, the City may suspend or terminate the processing of the application. The applicant may be required to sign a reimbursement agreement at the request of the City.

The City has the authority to require any additional information necessary to render a fair decision on this request. The applicant will be notified by the City as to the time and place of the hearing pertaining to this application. The applicant or his/her duly appointed representative must be present at the public hearing and prepared to present the application. All exhibits presented will need to be identified at the hearing, will be entered into the record, and retained on file.

The City Council may require a record of survey of the property, prepared by an Idaho licensed surveyor, showing the new lots lines as a condition of approval. The record of survey shall be recorded as outlined in Section 11-7-10 B. of City Code.

APPLICATION CHECKLIST: (to be completed by Staff)

| YES | NO | Checked by: _____ Date: _____ |
|-----|----|---|
| | | Completed Application. |
| | | Application Fee per most recently adopted Fee Resolution. |
| | | A legal description of the property for the proposed vacation evidenced by a recorded warranty deed or stamped by a licensed surveyor or title company. |
| | | A conceptual plan of the proposal (no larger than 11x17), as applicable. |
| | | A vicinity map (no larger than 11x17). |
| | | A certificate, by a Title Company licensed in the State of Idaho, as to ownership of record and any interest of record in the subject property and a list of property owners of record within 300 feet of the external boundaries of the proposed vacation. |

CERTIFICATION OF APPLICANT:

I, _____, being duly sworn, attest that I am the applicant of this request and know the contents thereof to be true to the best of my knowledge.

Signed: _____
(Applicant)

Notary to complete this section:

Subscribed and sworn to me before this _____ day of _____, 20____.

Notary Public for Idaho
Residing at: _____
My commission expires: _____

(For multiple applicants, please submit multiple copies of this page.)