

Vacation Number: \_\_\_\_\_  
 Date Filed: \_\_\_\_\_  
 Received By: \_\_\_\_\_  
 Application Fee: \$600.00\*  
 Min. Recording Fees\*\* \$39.00  
 Total: \$639.00

**PETITION AND CONSENT TO VACATE**

**PETITION TO VACATE**

The signers of this application ask the Planning and Zoning Commission of the City of Springfield, Missouri to vacate the following described property (insert the legal description of the property you wish to vacate here or attach it on a separate sheet of paper and provide a digital copy in Microsoft Word format):

This is a petition to vacate (circle one)

--A Street

--An Alley

--A Subdivision

The signers state that this property should be vacated for the following reasons (a separate sheet may be attached):

All property owners whose properties are next to the property to be vacated must be listed below. If a property is in joint ownership, each owner must be listed. If this petition and consent is to vacate a subdivision, a list of all property owners owning property within the subdivision must be certified by an attorney or a title company and attached to this petition. Additional sheets may be attached.

NAME AND ADDRESS  
 OF EACH ADJACENT OWNER

LEGAL DESCRIPTION OF  
 EACH ADJACENT PROPERTY

1. If any public utilities are located within the right-of-way or subdivision to be vacated, an easement must be given to the City by all adjacent property owners or the utilities must be moved by the applicant before the application is complete. Until an application is complete, the request will not be placed on a Planning and Zoning Commission agenda.

2. The applicant will be billed by the Springfield Newspaper for the actual cost of advertising the public hearing notice in the paper. The advertising cost will be determined by the newspaper.  
 3. Incomplete applications will be returned to the applicant and not placed on the agenda. Close attention to the attached brochure will help avoid a delay in your case being heard by Planning and Zoning Commission.

**BILL ADVERTISING TO AND CONTACT PERSON:**

Name: \_\_\_\_\_  
 (please print)

Address: \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

\* Fees are non-refundable

\*\*Additional recording fees may be required for any needed easement(s)

