



<b>FOR PLANNING USE ONLY</b> Case #: _____ Date Received: _____ Received by: _____ Application Fee: \$ _____ Review Type: <input type="checkbox"/> Admin <input type="checkbox"/> CPB <input type="checkbox"/> BZA
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**A. PROJECT General Application**

- 1. Project Name: \_\_\_\_\_
- 2. Application Type & Project Description (*attach additional information, if necessary*):  
\_\_\_\_\_  
\_\_\_\_\_
- 3. Address of Subject Property: \_\_\_\_\_
- 4. Parcel ID Number(s): \_\_\_\_\_
- 5. Full legal description attached?  yes  no
- 6. Size of subject property: \_\_\_\_\_
- 7. Existing Use of Property: \_\_\_\_\_
- 8. Existing Zoning of Property: \_\_\_\_\_

**B. APPLICANT**

- 1. Applicant's Status (*attach proof of ownership or agent authorization*)  Owner  
 Agent (*agent authorization required*)  Tenant (*agent authorization required*)
- 2. Name of Applicant(s) or Contact Person(s): \_\_\_\_\_  
Title: \_\_\_\_\_  
Company (if applicable): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
Email \_\_\_\_\_

3. If the applicant is agent for the property owner:

Name of Owner (title holder): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

C. Additional Information

1. Is there any additional contract for sale of, or options to purchase, the subject property? Yes No

If "yes," list names of all parties involved:

\_\_\_\_\_

Is the contract/option contingent or absolute? Contingent Absolute

**I/WE CERTIFY AND ACKNOWLEDGE THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Typed or printed name and title of applicant

\_\_\_\_\_  
Typed or printed name of co-applicant

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing application is acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by

\_\_\_\_\_

\_\_\_\_\_, who is/are personally known to me, or who has/have

produced \_\_\_\_\_ as identification.

NOTARY SEAL \_\_\_\_\_

Signature of Notary Public, State of \_\_\_\_\_



**CITY OF SPRINGFIELD**  
COMMUNITY DEVELOPMENT DEPARTMENT  
PLANNING & ZONING DIVISION  
**Right-of-Way Vacation Application**

Date \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Please include the following Exhibits:

The undersigned petitions to vacate the right-of-way as is described in Exhibit A.

**Exhibit A**

A plot plan is to be attached which indicates the right-of-way to be vacated, the adjoining properties, and their owners.

**Exhibit B**

Two (2) sets of mailing labels with the **names** and **tax mailing addresses** of all property owners within 200 feet of the petitioned right of way and a label with the applicant's mailing address.

**Directions for obtaining a list of Tax Mailing Addresses:**

- Go to the Tax Map Department at the A. B Graham Building – 31 N Limestone Street, Springfield, OH 45502

**Do not list tenants of properties or banks holding a loan on the property.**

**Exhibit C**

State the reason for the requested right-of-way vacation. (These statements will be considered by the Planning Staff, the City Planning Board, and the City Commission as the request is reviewed.) This is to be attached and made a part of this petition.

**Exhibit D**

If required by the City Planning Board, a cross-access easement agreement would need to be signed by all affected neighbors prior to the City Commission Public Hearing.

I, the undersigned, depose and state that I am an interested party in the right-of-way involved in this petition.

\_\_\_\_\_  
Signature

# Application Check List

Please review for completeness

## ITEMS TO BE SUBMITTED:

- Right-of-Way Vacation Application with attachments listed below.
- General application.
- \$90 (res.) or \$180 (comm.) Fee (must be submitted with the application).
- Please include the following Exhibits (Exhibits are to be attached and made part of the petition):
  - Exhibit A: A plot plan is to be attached which indicates the right-of-way to be vacated, the adjoining properties, and their owners.
  - Exhibit B: Two sets of mailing labels with the names and tax mailing addresses of all property owners within 200 feet of the petitioned right-of-way vacation and the applicants mailing address.
  - Exhibit C: State the reasons for the requested right-of-way vacation. (These statements will be considered by the Planning Staff, the City Planning Board, and the City Commission as the request is reviewed).

Fees must be submitted at the time of application and will not be processed until after the board has heard the case.