Community Development Department
5047 Union Street~ Union City, GA 30291
Phone (770) 515-7920 *Fax (770) 964-8795
www.unioncityga.gov

Street Abandonment Application

Instructions:* ***All information required by the applicant must be provided and must be printed clearly or typed.**

Upload your completed form to:
https://unioncityga.portal.iworq.net/portalhome/unioncityga

Please make your payment online when submitting your application

https://unioncityga.governmentwindow.com/payer_login.html

GENERAL INFORMATION

Name of Applicant: _____

Address: _____

Phone #: _____ **Email:** _____

PROPERTY/STREET INFORMATION

Street / Right-of-Way Proposed for Abandonment: _____

Location / Limits of Abandonment: _____

Adjacent Property Address(es): _____

Parcel Number(s): _____

Current Zoning District(s): _____

REQUEST DETAILS

Type of Request: ☐ Full Abandonment ☐ Partial Abandonment ☐ Easement

Purpose / Justification for Abandonment:

_____

_____

_____

Proposed Future Use of Area:

_____

_____

IMPACT ANALYSIS

Does the abandonment affect any of the following?

Utilities: ☐ Yes ☐ No Access / Driveways: ☐ Yes ☐ No Drainage / Stormwater: ☐ Yes ☐ No Traffic Circulation: ☐ Yes ☐ No Public Safety / Emergency Access: ☐ Yes ☐ No

If yes to any above, provide explanation:

_____

_____

REQUIRED SUBMITTALS (check all that apply)

☐ Boundary Survey / Plat showing abandonment area ☐ Legal Description (metes & bounds) ☐ Site Plan / Concept Plan (if redevelopment proposed) ☐ Utility Clearance Letters ☐ Photographs of Existing Conditions ☐ Application Fee ☐ Adjacent Property Owner Acknowledgement(s)

ADJACENT PROPERTY OWNERS

List all adjacent property owners impacted by the request.

Owner Name: _____

Address: _____

Signature: _____

APPLICANT CERTIFICATION

I hereby certify that the information provided is accurate. I understand that approval of a street abandonment is at the discretion of the Mayor and Council and may require public hearings, legal advertisements, and interdepartmental review. I acknowledge that additional information may be required.

Applicant Name (Print): _____

Signature: _____ Date: _____

FOR CITY USE ONLY

Application #: _____

Date Received: _____

Fees Paid: _____

Staff Review Notes:

_____

_____

Department Reviews: ☐ Planning & Zoning ☐ Public Works ☐ Engineering ☐ Utilities ☐ Fire ☐ Legal

FINAL ACTION

☐ Approved ☐ Denied

Mayor & Council Action Date: _____

Conditions of Approval / Notes:

_____

_____