



City of Streator
204 South Bloomington Street
Streator, Illinois 61364
Phone #: (815) 672-2517
Fax #: (815) 672-7566

VACATION OF CITY RIGHT-OF-WAY (ROW) PETITION APPLICATION

Applicant(s): _____ Phone #: _____

Mailing Address: _____ Fax: _____

Applicant's Representative: _____ Phone #: _____

Mailing Address: _____ Fax: _____

1. Application fee is \$25.00 per property that will acquire property if the ROW vacation is approved. Applicant will be required to reimburse the City of any cost of legal notices.

2. The applicant petitions the City of Streator for a vacation of the following ROW:

a. Legal Description (attach the full legal description on 8 ½ x 11 separate sheet of paper—type written, plus an electronic version of the legal description).

b. Common Location (to include streets that enclose the ROW): _____

c. Describe Reason for request: _____

d. Existing Zoning District(s) that bound the ROW: _____

e. ☐ Yes ☐ No Is the ROW located in a flood plain or flood way?

f. ☐ Yes ☐ No Is the proposed use in conformance with the city's Comprehensive Plan?

g. How will the proposed use impact existing and future land uses? _____

h. How will proposed ROW vacation impact adjacent property values? _____

i. ☐ Yes ☐ No Will the ROW vacation negatively impact the general public health, safety and welfare?

If YES, please explain: _____

j. ☐ Yes ☐ No Will the ROW vacation conflict with existing conditions or improvements such as schools; sewer, water, electrical, cable systems; parks; roads; and traffic patterns? If public or private utilities are located in the ROW that fact must be stated.

If YES, please explain: _____

3. The petitioner(s) have read and completed all of the above information and affirm that it is true and correct.

Property Owner(s)	Property Address that is Adjacent to Requested ROW Vacation	Notary Public Action
Signature Signature Signature		Subscribed and sworn to before me this ____ day of _____, 20____ Signature
Signature Signature Signature		Subscribed and sworn to before me this ____ day of _____, 20____ Signature
Signature Signature Signature		Subscribed and sworn to before me this ____ day of _____, 20____ Signature
Signature Signature Signature		Subscribed and sworn to before me this ____ day of _____, 20____ Signature

If necessary, copy this page for additional certifications.