STREET/ALLEY/ RIGHT-OF-WAY/EASEMENT VACATION PETITION (Page 1 of 4)

City of St. Joseph, Missouri | Planning & Zoning
1100 Frederick Avenue, Room 107
Planning & Zoning Division | (816) 271-5349 | planning@stjosephmo.gov

All petitions for a vacation must comply with Chapter 26 of the City's Code of Ordinances, located online at stjosephmo.gov. **The following must be included with every petition**:

1. Completed Petition (**with legible printed names and signatures that match their respective sections**).
2. Written statement of purpose for the proposed Street/ Alley/ Right-of-Way/Easement vacation.
3. Metes and bounds legal description **and** scale diagram of the proposed area to be vacated.
4. Metes and bounds legal description **and** scale diagram of impacted properties as they will exist after the vacation, if approved. This document must be prepared by a Missouri licensed professional surveyor.
5. Utility Release letters from ALL utilities in favor of the proposed vacation.
6. Any additional supporting materials deemed necessary by the City.
7. Include proposed hours of operation, expected traffic volumes, staffing levels, parking availability and any other information that would be helpful for street or alley vacations.
8. Petition fee (**$395.00 for first 500 feet PLUS $58.00 for each additional 100 feet or portion thereof**). Paid at the time of submittal. This fee is non-refundable.

THE UNDERSIGNED HEREBY APPLIES FOR THE APPROVAL OF SAID RIGHT-OF-WAY OR EASEMENT VACATION BY THE CITY OF ST. JOSEPH IN BELIEF THAT THE PLAN CONFORMS TO CHAPTER 26 OF THE CODE OF ORDINANCES. With the signing and submittal of this application, the property owner authorizes the City of St. Joseph to enter onto the subject property to collect data and other information to accurately prepare reports or other documentation for review by the City Council, City boards and commissions, and City departments.

ALL SECTIONS MUST BE FILLED OUT, AND ALL REQUIRED MATERIALS MUST BE INCLUDED TO BE CONSIDERED COMPLETE. INCOMPLETE PETITIONS WILL NOT BE ACCEPTED.

A. PROPERTY OWNER INFO

1. a. **Name**: _____
   b. **Business Name**: _____
2. **Primary Contact**: ☐ Yes ☐ No *(only 1 primary contact is allowed. If yes, we will contact you for payment, notifications, and/or questions. If no, someone MUST fill out Section B)*
3. **Street**: _____
4. a. **City**: _____ b. **State** _____ c. **Zip** _____
5. a. **Phone** (____) _____ b. **Email*** _____
6. a. **Signature** _____ b. **Date** _____

B. PRIMARY CONTACT/AGENT (THIS IS WHO WE WILL CONTACT FOR PAYMENT, NOTIFICATIONS, AND/OR OR QUESTIONS. A VALID MAILING ADDRESS AND EMAIL ADDRESS ARE REQUIRED.)

1. a. **Name**: _____
   b. **Business Name**: _____
2. **Street**: _____
3. a. **City**: _____ b. **State** _____ c. **Zip** _____
4. a. **Phone** (____) _____ b. **Email*** _____
5. a. **Signature** _____ b. **Date** _____

STREET/ALLEY/RIGHT-OF-WAY/EASEMENT VACATION PETITION (Page 2 of 4)

* Please be aware that the City of St. Joseph will send all notices via email unless otherwise specified.

C. VACATION CONSENT (*mark N/A in sections not used—if more property owners are impacted by the vacation than listed below, check item D. Impacted property owner consent is REQUIRED)*

Name: _____

Business Name: _____

Address: _____

Signature: _____ **Date**: _____

Notarized by: _____

Signature: _____ **Date**: _____

Notary Stamp

Notary Signature: _____

Date: _____

My Commission Expires: _____

Name: _____

Business Name: _____

Address: _____

Signature: _____ **Date**: _____

Notarized by: _____

Signature: _____ **Date**: _____

Notary Stamp

Notary Signature: _____

Date: _____

My Commission Expires: _____

D. ARE THERE ADDITIONAL PROPERTY OWNERS NOT LISTED ABOVE?

(*If yes, please include Section G of this form. Use as many pages as required.*)

☐ Yes: How many _____ ☐ No

Any owners whose consent you are unable to obtain, you must show proof of attempt to contact said owners via certified mail, pursuant to **Sec. 26-202(b)(4)**.

STREET/ALLEY/RIGHT-OF-WAY/EASEMENT VACATION PETITION (Page 3 of 4)

E. AFFIRMATION

a. I (*primary contact*) _____, hereby affirm that the attached property owners are the only owners whose property will be impacted by the proposed vacation. I affirm that all reasonable attempts were made to contact property owners not listed herein, and copies of all certified mailings are included, pursuant to **Sec. 26-202(b)(4)**.

b. I (*primary contact*) _____, hereby affirm that all required materials are included in this submission, as listed below;

☐ a. Statement of Purpose for the vacation; and

☐ b. Metes and bounds legal description and survey of area to be vacated; and

☐ c. Metes and bounds legal description and survey of impacted properties as they will exist after the vacation, if approved; and

☐ d. Utility release letters from ALL utilities; and

☐ d. Traffic Study, if required by the Department of Public Works; and

☐ e. Other materials as required by the City (*describe below, if none, list none*)

3. Other Materials:

CITY USE ONLY - Please note any delinquencies or items due:

Real Estate Taxes: |_____|

Personal Property Taxes: |_____|

Sewer Service Bills: |_____|

Weeds or Demolition: |_____|

Special Assessment: |_____|

Business Licenses: |_____|

Other City Debt: |_____|

Completed by: |_____| Date Completed: |_____|

STREET/ALLEY/RIGHT-OF-WAY/EASEMENT VACATION PETITION (Page 4 of 4)

F. ATTENDANCE AND FEE NOTICE

YOUR ATTENDANCE IS REQUIRED AT THE TRAFFIC COMMISSION, PLANNING COMMISSION, AND CITY COUNCIL MEETINGS FOR THIS APPLICATION. FAILURE TO ATTEND THESE MEETINGS MAY RESULT IN UNNECESSARY DELAYS TO YOUR PETITION.

Traffic Commission meeting date, time, and location can be found online at stjosephmo.gov, or by contacting the **Public Works & Transportation Department** at **(816)-271-4653**.

Planning Commission meeting date, time, and location can be found online at stjosephmo.gov, or by contacting the **Planning & Community Development Department** at **(816)-271-4827**.

City Council meeting dates, times, and locations can be found online at stjosephmo.gov, or by contacting the **City Clerk's Office** at **(816)-271-4730**.

By signing, I affirm I have included the required information with this petition. I affirm have read the notice above, and understand my attendance is required at public hearings. I understand that by submitting this petition, I am including a **NONREFUNDABLE** petition fee. If I choose to rescind this petition at any time after it is processed by the City, my petition fee will **NOT** be refunded, pursuant to Sec. 31-075.

Primary Contact Signature: _____ Date: _____

Section to be completed by the City

Received by: |_____| Date: |_____|

Application ID: |_____| Total Fee: |_____|

RIGHT-OF-WAY/EASEMENT VACATION PETITION (Additional Property Owners)

G. **ADDITIONAL VACATION CONSENT** (*mark N/A in sections not used—if more property owners are impacted by the vacation than listed below, please include additional pages as needed.)*

Name: _____

Business Name: _____

Address: _____

Signature: _____ **Date**: _____

Notarized by: _____

Signature: _____ **Date**: _____

Notary Stamp

Notary Signature: _____

Date: _____

My Commission Expires: _____

Name: _____

Business Name: _____

Address: _____

Signature: _____ **Date**: _____

Notarized by: _____

Signature: _____ **Date**: _____

Notary Stamp

Notary Signature: _____

Date: _____

My Commission Expires: _____

Additional Notes