



CITY OF EMMETT VACATION SUBMITTALS AND CHECKLIST

CITY OF EMMETT

601 E. 3rd Street, Emmett, Idaho 83617 www.cityofemmett.org

Phone: (208) 365-9569 fax: (208) 365-4651

THE REASON FOR THE REQUEST TO VACATE:

Submittal Requirements:

FEE: A \$235.00 fee must accompany this completed application. (*Non-refundable*)

LETTER OF INTENT: A complete statement explaining the reasons a vacation of property is needed, and how the applicant plans to compensate the City for the amount of property they will gain from the action.

VICINITY SKETCH: A vicinity map, which is drawn to scale, must be attached showing the location of the property under consideration.

LEGAL DESCRIPTION: A metes and bounds description or lot and block of the entire area to be vacated.

MAP: A survey map showing the area requested to be vacated.

HEALTH DEPARTMENT APPROVAL: (If necessary)

RELOCATION OF UTILITIES PLAN: (If necessary)

PROOF OF OWNERSHIP OR VALID OPTION HOLDER: Attach a copy of your property deed, option agreement, quit claim deed, or title report with complete legal description.

NOTARIZED CONSENT: A notarized statement of consent from all titled owners affected by the application.

***PLAT MAP:** Show property under consideration and surrounding properties.

***AERIAL PHOTO:** Show property under consideration and surrounding properties.

*(THE ABOVE ITEMS WILL BE PROVIDED BY THE ZONING OFFICE)

Checklist

<u>SUBMITTALS</u>	<u>APPLICANT</u> (√)	<u>STAFF</u> (√)
FEE		
LETTER OF INTENT		
VICINITY SKETCH		
LEGAL DESCRIPTION		
PROOF OF OWNERSHIP		
NOTARIZED CONSENT		
PLAT MAP	N/A	
AERIAL PHOTO	N/A	
PROPERTY OWNERS WITHIN 300'	N/A	

The Administrator reserves the right to not officially accept this application until total review is accomplished and all required information is submitted.

Any property owner who feels the decision of the City Council adversely affects their property has the right to appeal the decision to a court of competent jurisdiction within **(20 days)** of the notice of decision.

The date of the public hearing will be established by the Administrator upon the acceptance of complete application.

Applicant's Signature _____ **Date:** _____

FOR OFFICE USE ONLY

APPLICATION COMPLETION DATE: _____ **COUNCIL HEARING DATE:** _____