



EASEMENT/RIGHT-OF-WAY VACATION REQUEST

Planning Department | City of Savage | 6000 McColl Drive, Savage, MN 55378 | Office: 952-882-2660

APPLICANT INFORMATION

Petitioner(s):

Address:

City:

State:

Zip:

Phone:

Email:

PETITION REQUEST

I hereby petition the City Council of the City of Savage to vacate the following pursuant to M.S. 412.851 and Savage City Code:

Street Right-of-Way

Drainage and/or Utility Easement

Alley

Other:

Legal Description of Area Proposed to be Vacated:

Does the area proposed to be vacated or any part thereof terminate at or abut a public water: Yes No

If the area requested to be vacated terminates at or abuts upon any public water, no vacation shall be made unless written notice of the petition is served by certified mail upon the commissioner of natural resources by the City of Savage thirty days before any Council action.

Reason for Petition to Vacate:

SURVEYOR INFORMATION

Company Name:

Mailing Address:

City:

State:

Zip:

Contact Person:

Office Phone:

Cell Phone:

Email:

SUBMITTAL REQUIREMENTS

Check that your submittal includes the following items:

- List of names and addresses of all property owners having legal interest in property
- Written narrative describing request including reason for vacation
- Petition request must be signed by majority of property owners the land abutting the proposed vacation area
- Vacation fee
- Survey (no larger than 11" x 17") drawn to scale by a licensed surveyor showing of area to be vacated including property lines, existing easements and utility locations.

Notes:

- If property ownership is in joint tenancy, all joint owners must sign the petition request.
- Petitioners must own 50% or more of the property abutting the area to be vacated.
- Submit petition form and all required submittal items to the Savage Planning Department.
- Petition must include an accurate legal description of the area to be vacated.
- Incomplete petition requests will be returned.

ACKNOWLEDGEMENT OF RESPONSIBILITY

By signing below, I certify that I am responsible for complying with all City Code requirements and the laws of the State of Minnesota with regard to this request. I certify the information I have supplied is true and correct to the best of my knowledge and my application submittal is complete. I further understand that additional information may be required for analysis of this request and I agree that any additional costs incurred by the City will be my responsibility.

Petitioner Signature(s):

Date:

Petitioner Signature(s):

Date:

Petitioner Signature(s):

Date:

Petitioner Signature(s):

Date:

Petitioner Signature(s):

Date:

FEES

Application Fee:

\$300.00

FOR CITY USE ONLY

PROJECT NUMBER:

DATE REQUEST & FEE RECEIVED:

CITY COUNCIL MEETING DATE:

COUNCIL RESOLUTION NUMBER: