

VACATION APPLICATION

Community Development

110 North 1st Street, Indianola, Iowa 50125-0299
 (515) 961-9430 • comdev@indianolaiowa.gov



PROPERTY OWNER

(Last Name) _____
 (First Name) _____
 (Address) _____
 (City) _____ (State) _____ (Zip) _____
 (Phone) _____ (Email) _____

APPLICANT (if not Property Owner)

(Last Name) _____
 (First Name) _____
 (Address) _____
 (City) _____ (State) _____ (Zip) _____
 (Phone) _____ (Email) _____

ALLEY

Submittal Requirements:

*All submittal requirements must be completed.
 Incomplete applications will not be considered*

- Completed Application
- Filing Fee: \$200 _____
- Legal description of proposed vacated area
- Site plan identifying vacated area
- List of property owners adjacent to proposed vacated area
- Letters from each adjacent property owner indicating their intent
- Other Information as required by Director

EASEMENT

Submittal Requirements:

*All submittal requirements must be completed.
 Incomplete applications will not be considered*

- Completed Application
- Filing Fee: \$200
- Legal description of proposed vacated area
- Site plan identifying vacated area
- List of property owners within proposed vacated area
- Letters from each property owner indicating their intent
- Other Information as required by Director

STREET

Submittal Requirements:

*All submittal requirements must be completed.
 Incomplete applications will not be considered*

- Completed Application
- Filing Fee: \$200
- Legal description of proposed vacated area
- Site plan identifying vacated area
- List of property owners adjacent to proposed vacated area
- Letters from each adjacent property owner indicating their intent
- Other Information as required by Director

I certify that the information and exhibits submitted are true and correct to the best of my knowledge and that in filing this application I am acting with the knowledge, consent and authority of the owner(s) of the property. Pursuant to said authority, I hereby permit City officials to enter upon the property for the purpose of inspection related to this application.

Signature _____

Name (printed) _____

Date _____

FOR OFFICE USE ONLY:

Code to 45510

Date Received: _____

Receipt No: _____

Receipt Amount: _____