Development Services Department
10 - 1st Street NW
Mason City, IA 50401
(641) 421-3626

APPLICATION FOR VACATION and/or CONVEYANCE OF PUBLIC RIGHT-OF-WAY, EASEMENT, OR CITY-OWNED PROPERTY
Effective October 10, 2013

Date: _____

Name of Applicant: _____

Instructions

1) The Planning and Zoning Commission will not consider any incomplete application.

2) All applications and fees are due by the 15th of each month prior to the regularly scheduled Planning and Zoning Commission meeting date. If the 15th falls on a weekend and/or City observed holiday, then the following working day shall apply. All required materials must be submitted with the application and fees.

3) The Planning Commission meets the 2nd Tuesday of each month at 7:00 P.M. in the Second Floor Conference Room, City Hall, 10 1st Street N.W., Mason City, Iowa. Staff shall notify the applicant of any changes to schedule or time if necessary.

4) Vacation Submittal Requirements:
   a) One original of a completed application form.
   b) Filing fee of sixty-five dollars ($65.00).
   c) Accurate black line plat or map of the subject property drawn to scale and no larger than 11" by 17". Aerial photographs are not acceptable.

5) Public Notice Signs
   a) Development Services Department staff will post a Public Notice Sign on the subject property no more than 20 days and no less than 4 days prior to the scheduled public hearings.
   b) Development Services Department staff will pick up the sign after the hearing.

6) The applicant is aware of the "Guidelines for Determining Land Value for Public Property, Streets and Alleys" approved by the City Council on April 19, 1994 and agrees that it forms the basis to determine the value of city-owned streets, alleys and other property.

General location of Subject Property: _____ ,

Legal description of Subject Property (attach separate sheet if necessary): _____

_____

Total area: _____ Proposed use: _____

Circle One   Public Street   Public Alley   Public Park   Other

Reason for Vacation: _____

_____

_____

Signature of Applicant_____

Name/Title:_____

Address:_____

_____

Phone No.:_____

I hereby authorize the person(s) named below to act as my agent(s) in all matters pertaining to this application.

Name/Title:_____

Address:_____

_____

Phone No.:_____