



**STREET VACATION APPLICATION
SVMC 22.140**

10210 E Sprague Avenue ♦ Spokane Valley WA 99206
Phone: (509) 720-5240 ♦ Fax: (509) 720-5075 ♦ permitcenter@spokanevalley.org

STAFF USE ONLY

| | | |
|-----------------------|--------------------|---------------|
| Date Submitted: _____ | Received by: _____ | Fee: _____ |
| PLUS #: _____ | | File #: _____ |

PART I – REQUIRED MATERIAL

****THE APPLICATION WILL NOT BE ACCEPTED IF THE REQUIRED MATERIALS ARE NOT PROVIDED****

- Completed Application Form**
- Application Fee**
- Notice of Application Packet (17.80.110) – Adjacent Property(ies)**
- Written Narrative** – A written narrative describing the reasons for the proposed street vacation, the physical limits of the proposed street vacation and the public benefit of the proposed street vacation.
- Written Correspondence from Utility Purveyors**
 - ___ Telephone ___ Cable ___ Electric ___ Other (Specify) ___
 - ___ Water District ___ Fire District ___ Gas Utility ___ Sewer Utility
- Vicinity Map** – Submit a map showing the general area of the proposed vacation
- Record of Survey**, if available, for the subject street and/or alley proposed for vacation, and abutting properties, streets and alleys within 100 feet on all sides of the proposed vacation.
- Written Evidence of all easements, allowances or reservations**, if available, pertaining to the street and/or alley proposed for vacation.

PART II – APPLICATION INFORMATION

| | | | |
|-------------------------|-------------|---------------|---------------|
| APPLICANT NAME: | | | |
| MAILING ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| PHONE: | FAX: | CELL: | EMAIL: |

| | | |
|------------------------------|---------------|-------------|
| PROPERTY OWNER No. 1: | | |
| MAILING ADDRESS: | | |
| CITY: | STATE: | ZIP: |



| | | | |
|---------------|-------------|--------------|---------------|
| PHONE: | FAX: | CELL: | EMAIL: |
|---------------|-------------|--------------|---------------|

| | | | |
|------------------------------|-------------|---------------|---------------|
| PROPERTY OWNER No. 2: | | | |
| MAILING ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| PHONE: | FAX: | CELL: | EMAIL: |

If more than two (2) abutting property owners, include information and written authorization on a separate sheet of paper for each.

| |
|---|
| NAME OF STREET/ALLEY TO BE VACATED: |
| DIMENSIONS OF STREET/ALLEY TO BE VACATED: |
| SQUARE FEET OF STREET/ALLEY TO BE VACATED: |
| ABUTTING TAX PARCEL No(s): |
| ADDRESSES OF ABUTTING PARCELS: |
| ZONING DESIGNATION: |

THE FOLLOWING IS CRITERIA EVALUATED BY THE PLANNING COMMISSION IN FORMULATING A RECOMMENDATION TO THE CITY COUNCIL. ON A SEPARATE SHEET OF PAPER THE FOLLOWING QUESTIONS SHALL BE ANSWERED IN A DETAILED MANNER;

1. HOW DOES A CHANGE OF USE OR VACATION OF THE STREET/ALLEY IMPROVE SERVICE TO THE PUBLIC?
2. IS THE STREET OR ALLEY NO LONGER REQUIRED FOR PUBLIC USE OR PUBLIC ACCESS? EXPLAIN.
3. WOULD SUBSTITUTION OF A NEW AND/OR DIFFERENT PUBLIC RIGHT-OF-WAY BETTER SERVE THE PUBLIC? EXPLAIN.
4. HOW WILL USE OR NEED FOR THIS RIGHT-OF-WAY BE AFFECTED BY FUTURE CONDITIONS? EXPLAIN.
5. WILL EASEMENTS BE RETAINED FOR ALL UNDERGROUND AND OVERHEAD UTILITIES? THE REQUESTED VACATION IS LOCATED IN THE SERVICE AREA OF WHAT UTILITY COMPANIES. (SPECIFY)?
6. DOES THE RIGHT-OF-WAY INCLUDE STORMWATER DRAINAGE FACILITIES (SPECIFY)?

PLEASE NOTE:

PER RCW 35.79.040 (TITLE TO VACATED STREET/ALLEY), THE PROPERTY WITHIN A PUBLIC STREET OR ALLEY VACATED BY THE CITY COUNCIL SHALL BELONG TO THE ABUTTING PROPERTY OWNERS, ONE-HALF (1/2) TO EACH. THEREFORE, PROPERTY OWNER SHALL BE REQUIRED TO SIGN THE STREET VACATION APPLICATION.



STREET VACATION APPLICATION

I, _____, owner of the above described property do hereby authorize _____ to represent me and my interests in all matters regarding this application.