



**MADISON COUNTY
PETITION TO VACATE OR PARTIALLY VACATE APPLICATION**

www.co.madison.in.us

- FULL VACATION OF PLAT** **PARTIAL VACATION OF PLAT** **EASEMENT**
 ROAD (PUBLIC OR PRIVATE) **PLAT NOTE**

APPLICANTS NAME(S): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ **OTHER PHONE:** _____

SITE LOCATION INFORMATION: _____

QUARTER _____ **SECTION** _____ **TOWNSHIP** _____ **RANGE** _____

TOTAL ACRES _____ **SUBDIVISION NAME** _____ **LOT** _____

BLOCK _____ **AREA OF CITY IMPACT (IF ANY)** _____

TAX PARCEL NUMBER(S) _____

- COMPLETE LOCATION MAPS AND PLATS**
- WARRANTY DEED OR EVIDENCE OF PROPRIETARY INTEREST**
- NAME & ADDRESS OF ALL PROPERTY OWNERS & RESIDENTS WITHIN 350 FEET OF THE EXTERIOR BOUNDARIES OF THE LAND BEING CONSIDERED**
- SIGNED LETTER FROM ALL THE NEIGHBORS WHO WOULD BE IMPACTED BY THIS CHANGE**
- SITE PLAN SHOWING ROADS, ALL BUILDINGS, PARKING AREAS, SERVICE AREAS, YARDS, SIGNS, UTILITIES, TRAFFIC PATTERNS, ETC. ATTACH A MAP OF THE SURROUNDING AREA SHOWING THE PROPOSED ROAD/STREET OR PLATED**

LOTS TO BE VACATED

- REQUIRED DOCUMENTATION**
- REQUIRED FEES MUST BE PAID AT TIME OF ACCEPTANCE OF APPLICATION.**

EXPLAIN THE PROPOSED VACATION/ PARTIAL VACATION AND REASON:

I CONSENT BY SUBMITTING THIS APPLICATION THAT THE PLANNING AND ZONING STAFF BE PERMITTED TO ENTER THE PROPERTY FOR SITE INSPECTION(S).

I, (WE) THE UNDERSIGNED OWNER(S) OF THE PROPERTY DESCRIBED THROUGHOUT THIS APPLICATION, HEREBY APPOINT THE FOLLOWING PERSON AS MY, (OUR) REPRESENTATIVE FOR ALL TRANSACTIONS REGARDING THIS APPLICATION BETWEEN MYSELF (OURSELVES), AS OWNER(S), AND MADISON COUNTY.

OWNER OF RECORD: _____

ADDRESS: _____

PHONE: _____ **FAK:** _____

EMAIL: _____

APPLICANT (IF NOT OWNER): _____

ADDRESS: _____

PHONE: _____ **FAK:** _____

EMAIL: _____

Unless extended by an approved development agreement, this permit will expire in 2 years. If the requested action is authorized and does not commence and be diligently pursued towards completion or if the activity is started, but abandoned for two years at any time before the completion of the requested action, the permit will expire.

THIS SIGNATURE ACKNOWLEDGES THAT ALL INFORMATION ON THIS APPLICATION AND THE ATTACHED PLAN IS TRUE AND THE ACTION PERMITTED WILL BE IN FULL COMPLIANCE WITH THE MADISON COUNTY UNIFIED DEVELOPMENT CODE, AND STATE AND FEDERAL LAW; AND THE ACTION THAT WILL BE CONDUCTED WILL BE IN FULL COMPLIANCE WITH ANY AND ALL CONDITIONS IMPOSED BY THE PLANNING AND ZONING COMMISSION/ADMINISTRATOR UPON THEIR APPROVAL OF THE PERMIT.

I CERTIFY THE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Date: _____

PROPERTY OWNER SIGNATURE: _____

PLEASE PRINT NAME: _____

APPLICANT SIGNATURE: _____

PLEASE PRINT NAME: _____

(FOR OFFICE USE ONLY)

Date received: _____

Received by: _____

Fee Paid: _____